

I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH

KEY PERFORMANCE INDICATORS

Name :

Name of the Department:

1. Academics

1.1) Quality of Teaching / Learning Inputs

S. No	Particulars	UG				PG	Average Score
		Concerned BDS Year	Q1	Q2	Q3		
A.	Department Student Feedback* (Annexure 1)	I-					
		II-					
		III-					
		IV-					
B.	No. of Special Cases Done in the Department (Source- Orion)						
C.	Clinical Competency (As evaluated by HOD)						

***Student Feedback Form from APO & an average score to be calculated.**

***Q1-Q4 = Quarter-1 to Quarter-4. If details not available quarterly please fill yearly details in first column.**

****Average Score to be calculated on the basis of feed back**

KPI – Lecturer MDS

Name of the Department:.....

1.2) Awards by Department (Source- Dept)

S.No	PARTICULARS	AWARD CATEGORY	AWARDEE CATEGORY (In Numbers)	
			Student	Self
1.	PG Conventions	Paper Presentation		
		Poster Presentation		
2.	National Conference	Paper Presentation		
		Poster Presentation		
3.	International Conference	Paper Presentation		
		Poster Presentation		
4.	Any other Award	National		
		International		

Note:- Data to be filled with respect to the PG student registered under him/her only as a guide or co-guide..

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Name of the Department:

1.3) Student Connect: UG Teaching (Source – Dept)

S.No	TOPIC	Total No.
		Perceptor/Moderator
1.	Seminars (year)	
2.	Journal Clubs (year)	
3.	CPCs/CGRs - PG	
4.	CPCs/CGRs - UG	
5.	Lectures Taken for UG (for period of review)	

****Data analysis of the above initiatives to be generated from ERP***

Note:- Data to be filled with respect to the PG student registered under him/her only as a guide or co-guide..

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Name of the Department:

1.4) Timely Submission of Library Dissertation AS GUIDE (Source – Dept)

S. No	Name of PG	Scheduled Date of Submission	Actual Date of Submission	Reason for Delay
1.				

Note:- to be filled for students as Guide / Co Guide.

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Name of the Department:

1.5) University UG Result (Source – APO)

Type	No. of UG Students appeared in University	No. of student above 80%	No. of student above 60- 80%	No. of student Failed
Regular Batch				
Supply Batch				

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Name of the Department:

2.1) Number of Research Projects /Publications Undertaken

Source – Department/Research Centre)

S.No	RESEARCH	INITIATED (2.1 a)	COMPLETED (2.1b)	FUNDED BY GOVT. AGENCIES (2.1c)	DONE IN- HOUSE (2.1d)	PUBLICATION ALONG WITH INDEXING (2.1e)	Author/Co- Author (2.1f)
1.	As Guide (PG)						
2.	As Faculty (Self)						
3.	Studies Under Supervision /Co- coordinator (UG)						

*** No. to be filled and details / proofs to be provided as annexure.**

*** Publication details to be provided with PMID No. in case of pubmed indexed journals.**

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Name of the Department:

2.3) Participation in State, National & International Conferences

S. No	POSITION	CONFERENCE ATTENDED	
		NATIONAL	INTERNATIONAL
1.	Organizing Committee Member		
2.	Key Note Speaker		
3.	Scientific Presentation		
4.	Scientific Chairperson		
5.	Only Participation		
6.	CPC presented as Staff		

***Please enclose a copy of the related certificates**

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Name of the Department:

2.4) Professional Activities (Source- Dept)

S. No	Activity	Title
1.	Review of Journals (Please Mention Category National/International)	
2.	Writing Books	
3.	Acquisition/pursuing of Higher Educational Qualification	
4.	Involvement in Various Committees of various professional bodies related to the specialties.	

***Enclose a copy of related Proofs**

Name of the Department:

3.1) Patient management

S. No	Particular	Department
1.	Number of Patient Complaints Received <i>(In Numbers)</i> (Source – Orion)	
2.	Scheduling of Patients (Source – Orion)	
3.	Patient Satisfaction Level (Source – Orion)	

*** Data analysis of the above initiatives to be generated from ORION/ AUDIT REPORT/PATIENT FEEDBACK**

Note:- To be filled for personal clinical work done.

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Name of the Department

3.2) Contribution to Department Activities / Responsibilities

S. No	Responsibility	Details of Work Done
1.		
2.		
3.		
4.		
5.		
6.		

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Name of the Department

3.3) a. Contribution to Institutional Activities - Academics

S. No	Responsibility	Details of Work Done
1.		
2.		
3.		
4.		
5.		
6.		

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Name of the Department:

4.1) Others (Source Dept)

S. No	Particulars	System	Particulars of Enhancement	Impact of Enhancement
1.	System Enhancement	ORION		
		ERP		
		CMS		
		Any Other		