I.T.S CENTRE FOR DENTAL STUDIES & RESEARCH

KEY PERFORMANCE INDICATORS

Name : ....

Name of the Department: ....

1. Academics

1.1)   Designing & Structuring of Curriculum

S.No	TOPIC	Name of Initiative	**IMPACT
A.	**New Initiatives taken during the period of review:** Course material development; modification, revision & Improvisation		
B.	**New Learning Techniques in Clinics:** Practical course content / manual, training & evaluation		

*Data analysis of the above initiatives to be generated from ORION for Clinical & from ERP for Academics

**Impact to be evaluated on the basis of student's placements & on the number of in house applications seeking admissions.

Name of the Department: ....

1.2) Quality of Teaching / Learning Inputs

S.No	Particulars	UG					PG	Average Score
		Concerned BDS Year	Q1	Q2	Q3	Q4		
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*

Name of the Department:...

1.3) 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..

Name of the Department: ....

1.4) Student Connect: PG / UG Teaching (Source – Dept)

S.No	TOPIC	Total No. Perceptor/Moderator
1.	Clinical Discussions (per month)	
2.	Seminars (year)	
3.	Journal Clubs (year)	
4.	CPCs/CGRs - PG	
5.	CPCs/CGRs - UG	
6.	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..

Name of the Department: ....

1.5 a) PG Academic Performance (Internal Assessment) (Source – APO)

(% of marks scored in Internal Assessment)

S. No	Name of Trainee	Guide / Co-Guide
	MDS Ist Year	
1.		
2.		
3.		
4.		
5.		
6.		
	MDS IInd Year	
1.		
2.		
3.		
4.		
5.		
6.		
	MDS IIIrd Year	
1.		
2.		
3.		
4.		
5.		
6.		

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

Name of the Department: ....

1.5 b) Timely Submission of Synopsis of Thesis (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

Name of the Department: ....

1.5 c) 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

Name of the Department: ....

1.5d) University PG Result

Sl. No.	Name of PG	Rank Wise	Overall Passing %age	No. of University Positions

Name of the Department: ....

1.5 e) 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				

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.

Name of the Department: ....

2.2) ***Details of Membership on Professional bodies*** *(gained in last one year)*

S.No	NAME Of BOARD	NATIONAL	INTERNATIONAL

* Proof to be attached of membership certificate.

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

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** *(In Numbers)* (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 FEEEDBACK

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

Name of the Department ....

3.2) **Contribution to Department Activities / Responsibilities**

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

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.		

Name of the Department ....

3.3) b. Contribution to Institutional Activities – Extra Curricular

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

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		