

PROFORMA FOR THE WORKLOAD ASSESSMENT FOR THE ACADEMIC YEAR _____

I. PROGRAMMES AND STUDENT DETAILS

Name of the College:

Sr. No.	Programs offered by the College	Year	Number of Sanctioned Divisions	Sanctioned Student Strength	Actual /Projected Student Strength	Details of the Single Major Offered	Details of the Double Major Offered
1	B. A.	First					
		Second					
		Third					
2	B. Com.	First					
		Second					
		Third					
3	B. Sc.	First					
		Second					
		Third					

II. DEPARTMENT-WISE WORKLOAD ASSESSMENT

Name of the Department: Department of _____

Number of Project Groups in the Department: _____

Total Number of Remissions in the Department (HOD/IQAC/Vice-Principal/Nodal Officer for Internship): ___ Lectures

Duration of the Lecture: ___ Minutes

Sr. No.	Term	Course Name	Course Code	Category of Courses (Major/Minor/MC/AEC/SEC/VAC/NA)	Semesters in which the Course is offered	Programs in which the Course is offered	Projected No. of Students for the Course	No. of Division	Projected Workload (Number of Lectures in a week)	
									Theory	Practical
1	Odd Semester								0	0
2	Odd Semester								0	0
3	Odd Semester								0	0
4	Odd Semester								0	0
5	Odd Semester								0	0
6	Odd Semester								0	0
Total Workload in the Odd Semester (Number of Lectures in a week)									0	0

Sr. No.	Term	Course Name	Course Code	Category of Courses (Major/Minor /MC/AEC/SEC /VAC/NA)	Semesters in which the Course is offered	Programs in which the Course is offered	Projected No. of Students for the Course	No. of Division	Projected Workload (Number of Lectures in a week)	
									Theory	Practical
1	Even Semester								0	0
2	Even Semester								0	0
3	Even Semester								0	0
4	Even Semester								0	0
5	Even Semester								0	0
6	Even Semester								0	0
Total Workload in the Even Semester (Number of Lectures in a week)									0	0

III. DEPARTMENT-WISE FACULTY DETAILS

Name of the Department: Department of _____

Sr. No.	Term	Name of the Regular Teaching Staff	Designation (Assistant Professor/Associate Professor/Professor)	Workload (Number of Lectures in a week)				No. of Projects	No. of Remission (Eg, 2 HOD) (e)	Total Workload (a+b+c+d+e)	Signature
				Teaching (a)	Practical (b)	Project (c)	Internship (d)				
1	Odd Semester								0		
2	Odd Semester								0		
3	Odd Semester								0		
4	Odd Semester								0		
5	Odd Semester								0		
6	Odd Semester								0		
Total Workload in the Odd Semester (Number of Lectures in a week)											

Sr. No.	Term	Name of the Regular Teaching Staff	Designation (Assistant Professor/Associate Professor/Professor)	Workload (Number of Lectures in a week)				No. of Projects	No. of Remission (Eg, 2 HOD) (e)	Total Workload (a+b+c+d+e)	Signature
				Teaching (a)	Practical (b)	Project (c)	Internship (d)				
1	Even Semester								0		
2	Even Semester								0		
3	Even Semester								0		
4	Even Semester								0		
5	Even Semester								0		
6	Even Semester								0		
Total Workload in the Even Semester (Number of Lectures in a week)											

IV. SUMMARY OF THE WORKLOAD ASSESSMENT FOR THE DEPARTMENT OF _____

Proposed Workload for Academic Year		Total workload assigned among the existing Regular Faculty Members		Workload to be assigned		No. of Existing Regular Faculty Members in the Department as per Designation (__ Prof., ___ Assoc. Prof., ___ Asst. Prof.)	No of Contract Basis Faculty Members required		No of Lecture Basis Faculty Members required		Remarks if any
Odd Sem	Even Sem	Odd Sem	Even Sem	Odd Sem	Even Sem		Odd Sem	Even Sem	Odd Sem	Even Sem	

Date:

Name & Signature of HOD/Teacher-In-Charge of the Department

V. SUMMARY OF THE WORKLOAD ASSESSMENT

Sr. No.	Name of the Department	Proposed Workload for Academic Year		Total workload assigned among the existing Regular Faculty Members		Workload to be assigned		No. of Existing Regular Faculty Members in the Department as per Designation (__ Prof., __ Assoc. Prof., __ Asst. Prof.)	No of Contract Basis Faculty Members required		No of Lecture Basis Faculty Members required		Remarks if any
		Odd Sem	Even Sem	Odd Sem	Even Sem	Odd Sem	Even Sem		Odd Sem	Even Sem	Odd Sem	Even Sem	
1													
2													
3													
4													
5													
6													

VI. UNDERTAKING BY THE PRINCIPAL/HEAD OF THE INSTITUTION

The above details are based on the workloads for the First, Second, and Third Years of the above-mentioned departments as of 31st March _____. Increase/decrease in the departmental workload shall be intimated to the Directorate of Higher Education, Government of Goa, and recruitment of Teachers on a Regular Full-Time Basis / Contract Basis / Lecture Basis shall be made in accordance with the Goa University Statutes as approved by the Goa Government from time to time.

It is also certified that the above workload does not include in any manner the workload of self-financing courses. I further certify that I have personally verified the details, and they are in accordance with the workload available as of 31st March _____. I am aware that I shall be fully responsible for financial recoveries, if any, resulting from the submission of data that is not factual.

Seal of the College

Name & Signature of Principal with Date