

**PART B**  
**GRADING PARAMETERS (Group Instructor)**

Sl. No	Attributes	Total Weightage	Guidelines of Rating Attribute	Verification Document	Weightage given
1	2	3	4	5	6
1	Trainees pass out	15	Average % of pass out of all the sections under his charge more than 90% = 15, 80-89% =10 70-79 = 5 below 70%=0	AITT/SCVT results of the last batch to which he hold the charge more than half of the training period.	-
2	Traineesplacement rate	10	Employability of trainees in all the sections under his charge more than 60% = 10, 50-59% =5 40-49 % = 3 less than 40=nil (the trainees taking up higher studies including apprenticeship after ITI should not be accounted as employed)	Placement records maintained by instructor / placement cell with trainees details.	-
3	Drop outs = (Appeared/admitted * 100 )	5	Drop outs Upto 5% = 5, 06% -10% = 2 More than 10% = 0	Admission register, attendance register and examination register	-
4	verification of Lesson plan,	5	100% = 5 Else =0	Physical verification of lesson plan	-
5	verification of Demonstration plan	5	100% = 5 Else = 0	demonstration plan, Assessment / Evaluation sheet	-

6	Verification of records; PoC, Progress card, Attendance etc.	10	to be assessed & filled by the principal		-
7	Whether the Group Instructor has worked as Resource Person in the training programme? If Yes give details	5			-
8	Participation in the general administration a) Placement officer activities b) Trainees council advicer c) ED club coordinator d) NSS etc	10			-
9	Conducting of model class	8			-
10	Has the Group Instructor received any recognition, Social Commitment, award or prize from the Department, or Government during the last 10 years? If YES, give details	10	State Level = 10 District level = 5 else -0	Physical verification	-
11	Evaluation on maintenance of machines and equipment	5	100% =5 90-99 =4 80-89 =3 70-79= 2 else =Nil	Physical verification	-
12	Initiatives in condemnation Process	8			-

13	Internal inspection	4	100% = 4 50% - 99% = 2 Else = 0		-
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Total weightage awarded:

(Out of Hundred)

Declaration

This is to certify that I have verified all the relevant documents regarding the weightage awarded and they are authentic.

Dated Signature of Head of Institute

Name:

Designation:

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For office use:

Assessment of the committee: