Sri Devraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from Jan. 2024 to Dec 2024

Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member (in Capital Letters) Dr. RAJASHEKAR . T.S

2. Designation - PROFESSOR & HOD

3. Date of Birth - 30/7/1974

4. Educational Qualifications including professional and technical qualifications (Mention if any additional qualification has been acquired during the year under review)

- MBBS, MD (DVL)

5. Date of continuous appointment in the Academy 30/6/2005

6. Date of appointment to the present post : 30/6/2005

7. Date of confirmation with the designation of the Post in which confirmed : 30/6/2005

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	23 days	Maternity leave	0 days
Special Causal leave	04 days	Others (specify) CCL	14 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL(14) - 14 = NIL
EL(23) - 23 = 0
SpCL(15) - 04 = 11 days

Signature of Establishment Department Clerk Filling Part-I details est

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD Jan 2024 TO Dec 2024

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year MBBS, MD (DVL)

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical) 771 hours (No theory Scheduled)

3. Teaching load mentioned in Time Table in hours for me (Lectures +Tutorials & Practical) 231 hours.

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	4. b) Practical periods taken	Shortfall (from 2 & 4.b)
Not scheduled	–	231 hours	–

5. Reasons for shortfall, if any, in Lectures and practical taken.

6. Conference, CME`s, Workshops, Refresher or Orientation course attended as Resource person, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered	10	10
		05 – 90% - 95%		
2.	Interdepartmental teaching programs	05 – as Moderator	5	5
3.	Mentorship provided to students	05 points if mentor	5	5
4.	Any visiting Professorship	20 points	–	–
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered	5	5
6.	Student Feed Back	20 - 95th to 100th centile	15	15
		15 - <95th to 90th centile		
		10 - <90th to 85th centile		
		05 - <85th centile		
7.	Participation in Departmental PG teaching programs	15 – >95% participation	15	15
		10 - 95% to 90% participation		
8.	Production of teaching manual/technical manual	20 points	20	20
9.	Clinical Teaching Exercises	15 – >95% conducted	15	15
		10 - 95% - 90% conducted		

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20	–	–
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local	05	05
Developing E-learning resources	20 (complete content development in 4 quadrant)	20	20
Developing MOOCS resources	30 (complete content development in 4 quadrant)	–	–
Contribution to development of MOOCS/e-content module (at least one quadrant)	05	–	–
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I = 115

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04	-	
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02	36	36
UG – STS project	04			

Completed
3 × 6 = 18
Ongoing
6 × 3 = 18

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10	5	5
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant -sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy – Nil

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***
							70 + ~~20 = 16~~ = ~~106~~

24 + 20.5
= 114.5

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* **Points to Augment**

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points ✓
ii. Paper with impact factor less than 0.5 to 1 - 10 Points ✓
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II = 155.5

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique	–	
3.	On Call duties done	15 – >95% of allotted	15	
		10 – 90 to 95% allotted		
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program	–	
5.	Procedures/Surgeries performed	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established	–	
7.	Interdisciplinary clinical treatment systems established	10 for each new program established	–	
8.	Development of new care models/ care delivery methods	10 for each new model/method	–	
9.	Contribution in Quality and Safety of patient care delivery	15 points	15	

Total Score for III = 50

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05	5	
Sports activities	05	5	
Community and Extension services	05	5	
Administrative assignments	15	15	

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD
IAOVL, ACSI, BDS IMA, KMC	5 x 5	25	

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD
NABH - AAC I	10		
BOS chairman	10		

Academic council member 10
Hospital development council member 10
College council member 10

50.

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of IV = 105

115 x 0.3 + 155.5 x 0.3 + 50 x 0.3 + 105 x 0.1
= 34.5 + 46.65 + 15 + 10.5
= 106.65

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 =

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

Professor & HOD
Dept. of Dermatology
SDUMC, Tamaka, Kolar.

Faculty Signature

Name in Block letters Dr. RAJASHEKAR. T.S

Place Kolar.

Designation Prof + HOD

Date: 10/5/21

PART III

Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: Dr. PRABHAKAR. K

Designation of the Reporting Officer: PRINCIPAL

Length of service under the reporting officer: 2 yrs 3 months

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
5	4	3	2	1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	4
2.	Quality of output	4
3.	Communication skills (Oral and written)	4
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	4
5.	Aptitude to work	4
6.	Ability to inspire and motivate	4
7.	Supervisory ability	4
8.	Interpersonal relations and team work	4
9.	Integrity and Trustworthiness	4
10.	General conduct	4

Total Reporting Officers Score (HOD) : 40

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty:

Name of the assessed faculty: DR. RAJASHEKAR T.S

Seal: Professor & HOD
Dept. of Dermatology
SDUMC, Tamaka, Kolar

Date:

Signature of the reporting officer:
Name of the reporting officer:

Seal:
Date:

PART –IV

To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer 2 YRS, 3 MONTHS

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10
							✓		

Signature of the Reviewing Officer

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

Place: KOLAR

Date:

DR. K. PRABHAKAR
Name in Block Letters

PRINCIPAL & DEAN
Designation
(During the period of Report)

Original Article

A Comparative Study of Fractional CO_2 Laser With Topical Triamcinolone Acetonide Versus Intralesional Triamcinolone Acetonide in the Treatment of Alopecia Areata

Harish Prasanna, Rajashekar Talari Srinivas, Suresh Kumar Kuppuswamy, Hanumanthayya Keloji, Pavithra Thotta Ravikumar
Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Academy of Higher Education and Research, Kolar, Karnataka, India

Abstract

Introduction: Alopecia areata (AA) is a non-scarring alopecia of chronic autoimmune etiology with heterogenous severity against the anagen hair follicle over the scalp, beard, or any part of the body and is associated with a significant psychological morbidity in the mental status of the patients leading the patients to seek treatment for cosmetic reasons. The management of AA is very unpredictable and is associated with various cosmetic adverse effects. This study aimed at comparing the efficacy and safety of a novel procedure of laser-assisted drug delivery system of steroids with the first-line procedure of intralesional steroids (ILS) for the treatment of patchy AA. **Aims and Objectives:** To assess and compare the efficacy and safety of fractional CO_2 laser in combination with topical triamcinolone acetonide aqueous solution and intralesional triamcinolone acetonide as a monotherapy and in the treatment of AA. **Materials and Methods:** A total of 60 patchy AA patients were included in this study. Patients were randomized into two equal groups: Group A and Group B with 30 patients in each group using a computer-generated block randomization. Patients in Group A received fractional CO_2 laser with topical triamcinolone acetonide aqueous solution and Group B received ILS. Both groups received treatment for five settings with each setting a gap of 3 weeks. The efficacy and safety of treatment modalities in both groups were assessed using global photograph assessment (GPA)-scale, lesional area density score percentage of improvement (LAD score improvement %), visual discomfort scale (VDS), visual analogue scale, and documentation of adverse effects in each setting. **Results:** Efficacy of treatment modality-assessed using means score of GPA-scale and LAD score improvement % suggests quicker results to patients in Group B in initial settings but drastic improvement happens to patients in Group A in subsequent settings. At the end of 5th setting, GPA-scale and LAD score improvement % suggest maximum efficacy in patients in Group A and they are statistically significant (P-value < 0.001). The mean VDS in both groups suggests maximum discomfort in Group A, yet the patient satisfaction at the end of 5th setting was maximum with patients in Group A and they are statistically significant (P-value < 0.001). Cosmetic notable adverse effect of atrophy of skin was documented in 30% of patients in Group B. **Conclusion:** This study showed that fractional CO_2 laser with topical triamcinolone acetonide is a better treatment modality than the intralesional triamcinolone acetonide for the treatment of AA with respect to efficacy, safety, and adverse events.

Keywords: Alopecia areata, combination therapy, fractional CO2 laser, intralesional steroids, laser-assisted drug delivery

Introduction

Alopecia areata (AA) is a non-scarring alopecia of chronic autoimmune etiology with heterogenous severity against the anagen hair follicle over the scalp, beard, or any part of the body. AA accounts for 2% of the global general population. The exact etiopathogenesis of AA is very elusive, whereas the most accepted theory is the immune privilege of the hair follicle getting collapsed by unpredictable immunological mechanism. Various genetic and environmental triggers contribute to their etiopathogenesis.[1]

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The clinical profile of AA varies significantly. The most common presentation is a smooth, circular, complete patchy loss of hair that has occurred over weeks. This is called patchy AA and it ranges from single to multifocal

Address for correspondence: Dr. Rajashekar Talari Srinivas, Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Tamaka, Kolar 563103, Karnataka, India.
E-mail: yeshits@rediffmail.com

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INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

TOPICAL 0.5% BAKUCHIOL VS FACIAL EXERCISES IN IMPROVING THE SIGNS OF FACIAL AGEING. A RANDOMISED CONTROL TRIAL.

Dermatology

Dr. Hariharasubramanian M Postgraduate.

Dr. Rajashekar T. S* Professor & HOD. *Corresponding Author

Dr. Suresh Kumar K Associate Professor.

Dr. Hanumanthayya K Professor.

Dr. Vaishnavi B. V Assistant Professor.

Dr. Madhukiran C Senior Resident.

ABSTRACT

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is well known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face. The goal of this study is to compare the efficacy of bakuchiol to facial exercises in treating common signs of cutaneous aging.

KEYWORDS

bakuchiol, facial exercises, wrinkles

INTRODUCTION

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures[1]. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. Every year, the synthesis of collagen and elastin in the skin declines by 1%, causing connective tissue to become disorganized and giving rise to wrinkles. Different anti-aging strategies exist. Botanical products have been the cornerstone of medicine for ages. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face[2]. This study compares the effectiveness of face workouts with bakuchiol in addressing common cutaneous aging indicators. The objective of this study was to compare the efficacy of topical 0.5% bakuchiol and facial exercises in reversing the cutaneous signs of facial ageing.

All the individuals aged 40-55 years presenting with signs of cutaneous facial ageing such as creases, wrinkles and folds (Forehead Lines, Crow's Lines, Marionette Lines, Glabellar Frown Lines,) to the Department of Dermatology in R L Jalappa Hospital and Research Centre attached to Sri Devaraj Urs Medical College, Tamaka, Kolar were evaluated and randomised into Group A or Group B. Group A patients after a complete cutaneous examination were adviced to apply few drops of Topical 0.5% Bakuchiol everyday overnight for fourteen weeks over the wrinkles. Patients of this group were advised to follow-up every month and assessed using Daniil scale.The cost for the required molecule was borne by the principal investigator. Group B patients after a complete physical examination were taught a set of 6 facial exercises [(1) lifting the eyebrows and frowning the forehead, (2) approximating the eye-brows, (3) closing the eyes with strength, (4) protruding the lips, (5) spreading the lips, and (6) contracting the right and left cheek against resistance] and advised to follow the routine on a daily basis for fourteen weeks. Patients of this group were advised to follow-up every month and assessed using Daniil scale. Patients with congenital disorders or malformation, facial palsy, traumatic scars and who are not giving consent for the participation were excluded.

Based on survey of previous literature for an outcome variable on proportion of clinical grading 59% vs 34% in two different groups the minimum difference of 25% to attain significance at type I error (α error) of at least 5%, Type II error (β error) at 10% and keeping statistical power above 90%, the sample size of 42 (21+21) is adequate for two group assessment clinical study after adjusting for lost-to-follow up, dropout rates and withdrawals. Chi-Square test, Fisher exact test, student t test or any other suitable method at the time of data analysis were used for statistical analysis. SPSS 22.0, R Environment, MedCalc, MS Excel and Word were the softwares used.

RESULTS

In our study 42 participants were enrolled. All the patients enrolled were between the age of 40-55 years in which the mean age of the patients in Group A was 50.476 ± 2.620 and Group B was 51.00 ± 2.324. Out of the 42 participants enrolled in Group A there were 11 females and 10 males whereas Group B consisted of 9 females and 12 males. In total there were 20 females and 22 males enrolled.

Both bakuchiol and facial exercises significantly reduced the surface area involvement of forehead wrinkles when compared to baseline. Notably, significant changes from baseline were noted at the fourteen week time point. There was a significant difference in the reduction of length of the wrinkle between the two groups. Group A patients who used Topical 0.5% bakuchiol the reduction in the mean length of the forehead wrinkle was 2.243 whereas in Group B it was 1.436. This was statistically significant ($p<0.05$). In Group A patients there was a reduction in the mean length of glabellar frown lines by 1.848 cm and in Group B the reduction in the mean length was 0.993 cm which was found to be statistically significant ($p<0.05$). When compared to baseline, bakuchiol and facial exercises both significantly decreased the surface area involvement of crow's feet wrinkles. Significant

Effects Of Chemical Treatments On The Hair Shaft And Scalp – A Clinico Epidemological Study

Shiva Saadhvi[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1].

[1]Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India
[1]mshivasaadhvi@gmail.com; [2]yeshits@rediffmail.com; [3]s

***Corresponding Author:** Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS

Hair Straightening

Hair colouring

Perming

ABSTRACT

Background: The medulla, cortex, and cuticle are the three keratin-containing layers that make up the hair shaft. Cysteine residues are abundant in keratin proteins. Tightly bound disulphide bridges and other connections like Van der Waals, hydrogen, and salt bonds allow adjacent keratin chains to link.

Progressive or permanent chemical straightening, hair perming, or colouring can alter the shape and form of the hair shaft. In general, hair straightening affects the cuticles, hydrogen bonding, and the cortical amino acid tyrosine. It straightens hair by changing the shape of the disulphide bridges and creating a polymerised structure in the hair shaft, rather than breaking them.

The substances used in oxidative (permanent) and non-oxidative (semi-permanent and temporary) hair colourants differ greatly. As a result, different hair dyes have distinct ways of being manipulated. While permanent hair perming transforms straight hair into curly hair by breaking and reconstructing the hair disulphide bond, permanent hair dyes bleach and add a new colour to hair by penetrating tiny dye precursors into the cortex and then oxidising them.

Methodology: A Clinico-epidemiological study conducted to determine the efficacy of chemical treatments like hair straightening, colouring and perming of hair on the hair shaft and scalp on a total 114 subjects. They were evaluated based on detailed history and examination, including the type of chemical treatment, duration of the treatment and any adverse effects present over the hair scalp and shaft during or post the chemical treatment. The hair scalp and shaft was examined both clinically and dermoscopically. The side effects noted, clinical photographs were taken using Iphone 14 Pro max.
Statistical analysis- by co-guide software.
Results: In our study total of 116 participants, the most common chemical treatment undergone was hair colouring which was about 48.7% followed by hair straightening (39.8%) and perming in 12.4%. Females were more prevalent in our study constituting about 58.6%. All the chemical treatments had their own side effects, but dryness and hair fall were prevalent among all three groups. Dermoscopy changes like perifollicular scaling and black dots were most commonly seen in patients who had undergone hair straightening, whereas pigment deposition was seen more in patients who had coloured their hair and red dots were more seen in patients who permed their hair.
Conclusions: This analysis underscores the complex interactions between chemical hair treatments and their effects on the hair shaft and scalp. While these treatments offer aesthetic benefits, they can significantly impact hair integrity and scalp health, emphasizing the need for cautious application and proper aftercare. Enhanced understanding through clinical and dermoscopic evaluations allows for informed decisions regarding hair treatment practices, encouraging an approach that balances aesthetic desires with health considerations

INTRODUCTION

The human pursuit of beauty and self-expression has led to the widespread adoption of various hair treatments, creating a substantial market for products designed to alter hair appearance. Chemical treatments—namely hair straightening, colouring, and perming—occupy significant niches within

Comparison of Q-Switched Nd:YAG LASER with 10% Azelaic Acid versus Fractional CO2 LASER with 10% Azelaic Acid in the treatment of Post Inflammatory Hyperpigmentation secondary to Acne

Sumedha Tirthani[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1]

[1]*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka,* India.

Corresponding Author: Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS
Post-inflammatory hyperpigmentation, Acne vulgaris, Q-switched Nd:YAGlaser, Fractional CO2 laser, Azelaic acid

ABSTRACT

Background:
Post inflammatory hyperpigmentation (PIH) secondary to acne is a common undesirable sequela following acne that leads to psychological distress and a sense of incomplete treatment among the patients with acne. Few studies have been done in regard to address this condition, and no definite treatment or clear ranking of treatment modalities is available as of yet.

Aims:
The aim of our study was to assess and compare the efficacy and safety of 1,064-nm Q-switched neodymium-doped yttrium aluminum garnet (QSNY) laser with 10% azelaic acid versus Fractional carbon dioxide (FCO2) laser with 10% azelaic acid in the treatment of post acne pigmentation.

Materials and Methods:
Seventy patients with PIH secondary to acne were recruited in this study. The patients were randomized into two groups, Group A and Group B, of thirty-five patients each. Patients in group A underwent QSNY laser, while Group B received FCO2 laser. 10% azelaic acid cream was administered to both groups. Both groups received a total of 5 treatment sessions, with 3 weeks interval between each setting. The efficacy and safety of both modalities were assessed using the quartile grading score(QGS), post acne hyperpigmentationindex(PAHPI), patient satisfaction score, and documentation of adverse effects.

Results:
At the end of five sessions, significant improvement in QGS, PAHPI and patient satisfaction ($P < 0.001$, respectively) was seen in both groups. The mean PAHPI significantly reduced after the third setting and was followed by drastic reduction in the following settings. However, significantly superior results were noted in Group A with respect to all assessments. Side effects noted were mild and transient, except two patients of Group B who developed further pigmentation over the treatment areas.

Conclusion:
This study shows that both QSNY laser and FCO2 laser can be used to treat post-acne pigmentation; however, QSNY laser should be preferred with respect to efficacy and safety, especially in the Indian population, owing to the higher risk of pigmentation following FCO2 laser.

INTRODUCTION

Postinflammatory hyperpigmentation (PIH) is a typical sequela seen in the Indian population following affliction by acne. Patients may experience significant psychological effects from PIH resulting in decreased quality of life

There is a rising concern regarding its treatment among the patients that initially present with acne but remain dissatisfied if the hyperpigmentation remains unaddressed.[1]

Due to higher epidermal melanin content in patients with darker phenotypes, treatment of post-acne hyperpigmentation can be achallenge. Numerous approaches to treating PIH have been proposed, such as topical keratolytics, retinoids, corticosteroids, and depigmenting agents, chemical peels; and several types of lasers.[2] Nevertheless, there is no clear ranking of these therapies or a proven consistently effective modality according to patient satisfaction and clinical effectiveness. Only a few studies on the treatment of acne-

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH
SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

ONGOING PROJECTS (NON FUNDED)

Sl. No	Project	Investigators	Ethical clearance number
1	Serum Apeline levels in Acanthosis Nigricans : A Cross Sectional Comparative Study	Dr.Jervin Chris Rohit Dr.Rajashekar T S	SDUMC/KLR/IEC/ 28/2023-24
2	A Comparative Study Of Fractional Co2 Laser versus Ferulic Acid Sequential (12% & 8%) Peel In The Treatment Of Neck Acanthosis Nigricans	Dr.Akshata Yadav Dr.Rajashekar T S	SDUMC/KLR/IEC/ 25/2023-24
3	A Randomised Control Study On Efficacy Of Topical Losartan Versus Topical Clobetasol For The Treatment Of Hypertrophic Scar And Keloid	Dr.Gunalakshmi Dr.Rajashekar T S	SDUMC/KLR/IEC/ 27/2023-24
4	Onychoscopic Nail Changes In Patients With Chronic Kidney Disease : A Cross Sectional Study	Dr.Yeragonda Sushmitha Dr.Hanumanthayya K	SDUMC/KLR/IEC/ 29/2023-24
5	Cutaneous Manifestations In Cancer Patients : A Cross Sectional Study	Dr.Samhith Souri Dr.Hanumanthayya K	SDUMC/KLR/IEC/ 26/2023-24
6	Study On Efficacy Of Antifungal Activity Of Three Essential Oils In Treatment Of Dermatophytosis Infections: A Randomised Controlled Trial	Dr. Callista Juneja Dr. Rajashekar.TS	SDUAHER/KLR/CEC/26/2024-25
7	A Study Of The Efficacy And Safety Of 5% Benzoyl Peroxide Versus Fusidic Acid In The Treatment Of Pitted Keratolysis: Randomised Controlled Trial	Dr. Namrata Kenkre Dr. Rajashekar.TS	SDUAHER/KLR/CEC/27/2024-25
8	Evaluation Of Dermoscopic Features In Correlation To Woods Lamp Examination In Perioral Melanosis	Dr. Swathi Ganesh Shenoy Dr. Rajashekar. TS	SDUAHER/KLR/CEC/29/2024-25
9	A Study On Efficacy Of Fractional CO2 LASER With Topical Latanoprost Vs Fractional CO2 LASER With Topical Tofacitinib In Stable Vitiligo- An Interventional Study	Dr. Bomakka Sruthi Dr. Suresh Kumar K	SDUAHER/KLR/CEC/71/2024-25
10	A Comparative Study On Efficacy And Adverse Effects Of Methotrexate 1% Gel Versus Tofacitinib 2% Gel In The Treatment Of Localised Alopecia Areata	Dr. Yashaswini M Dr. Suresh Kumar K	SDUAHER/KLR/CEC/28/2024-25

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

Comprising Sri Devaraj Urs Medical College
A DEEMED TO BE UNIVERSITY
Declared under Section 3 of UGC Act, 1956, MHRD GOI No.F.9-36/2006-U.3(A) Dt. 25th May 2007
POST BOX NO. 62, TAMAKA, KOLAR - 563 101, KARNATAKA, INDIA
Ph: 08152-243003, 210604, 210605, Fax: 08152-243008, E-mail: registrar@sduu.ac.in/office@sduu.ac.in. website:www.sduu.ac.in

SDUAHER

No.SDUAHER/KLR/ADMN/2230/2011-12 Date:30-08-2011

ORDER

Sub: Recognition of Teachers to guide dissertation work of P.G.Medical students of Sri Devaraj Urs Academy of Higher Education & Research – reg.

Ref: Notification No.SDUAHER/KLR/ADMN/2222/2011-12, dated 30-08-2011.

Dr.Rajashekar.T.S, Assoc. Professor in the department of Dermatology, Sri Devaraj Urs Medical College, the constituent institution of Sri Devaraj Urs Academy of Higher Education & Research is recognized by The Academy as Postgraduate Teacher to guide the dissertation work of M.D. (Dermatology) students.

By orders,

Registrar
Registrar
Sri Devaraj Urs Academy of
Higher Education and Research,
Tamaka, Kolar-563101.

To,
Dr.Rajashekar.T.S
Assoc. Professor,
Dept. of Dermatology,
SDUMC, Tamaka, Kolar.

PATRONS
Divine Blessings From
Departed Soul
LATE SRI R.L. JALAPPA
Founder Chairman, SDUET

SRI G. H. NAGARAJA
President, SDUET, Hon'ble Chancellor, SDUAHER

SRI J. RAJENDRA
Vice President, SDUET

SRI HANUMANTHA RAJU
Secretary, SDUET

DR. B . VENGAMMA
Hon'ble Vice Chancellor, SDUAHER

DR. D. V. L. N. PRASAD
Hon'ble Chief Administrative Officer, SDUAHER

DR. MUNINARAYANA C
Registrar, SDUAHER

DR. PRABHAKAR K
Dean, Faculty of Medicine, SDUAHER & Principal, SDUMC

DR. KRISHNAPPA J
Medical Superintendent, RLJH & RC

DR. VINUTHA SHANKAR MS
Vice Principal, SDUMC

ORGANIZING COMMITTEE
Organizing Chairman
Dr. Rajashekar T. S. (Professor and HOD)

Organizing Co-Chairman
Dr. Suresh Kumar. K. (Associate Professor)

Organizing Secretary
Dr. Vaishnavi B.V. (Assistant Professor)

Organizing Joint Secretary
Dr. Madhu Kiran C (Assistant Professor)

Scientific Chairperson
Dr. Hanumanthayya K (Senior Professor)

Committee Members

Dr. Sumedha Tirthani	Dr.B. Samhith Souri
Dr. Shivasaadhvi	Dr.Gunalakshmi
Dr. G. Anjana	Dr. Bommaka Sruthi
Dr. Hussain Kolsawala	Dr. Callista Juneja
Dr. Harihara	Dr.Yashaswini .M
Dr. Akshata Yadav. S	Dr.Namrata Kenkre
Dr. Jervin Chris Rohith	Dr.Swathi Shenoy
Dr. Y Sushmitha Reddy	

For Assistance Contact:
Dr. Madhu Kiran. C
Mob No. 7760508809
Email Id: drmadhukiranmalur@gmail.com

Dr. Akshata Yadav .S
Mob No: 9483145396
Email Id: akshatayadav453@gmail.com

Dr. Swathi G Shenoy
Mob No: 9731312695
Email Id: swati29shenoy@gmail.com

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

SRI DEVARAJ URS MEDICAL COLLEGE
Constituent college of
Sri Devaraj Urs Academy Of Higher Education And Research
TAMAKA, KOLAR.

Presents

REGIONAL CME ON

"PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES"

FRIDAY, 04TH OCTOBER 2024
Time: 9am to 1.30 pm Venue: William Osler Hall 1st floor, SDUMC.

WITH BEST COMPLIMENTS FROM,
Organizing Chairman
DR. RAJASHEKAR T.S.

INVITATION

Dear Sir/Madam,

The Department of Dermatology, Sri Devaraj Urs Medical College, Kolar, invites you to attend our Webinar **CME on PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES".**

Join us for an enlightening CME on the impact of leprosy on peripheral nerves. We will delve into how changes in nerve function can reveal critical insights into the disease's progression. This CME will provide valuable information on early detection methods and discuss advanced strategies for improving treatment outcomes. Don't miss this opportunity to deepen your understanding and contribute to better management of Leprosy.

With warm regards,
Organizing Committee

Registration Link for CME:
KMC accredited with one Credit hour
(LAST DATE FOR REGISTRATION-30/09/2024)

https://shorturl.at/pCHoB

Registration Fee-Rs.100/- Scan to Pay:

PROGRAMME

LECTURE-1
9:00 a.m. to 9:40 a.m.
Examination of peripheral Nerves in Leprosy & Clinical Signs of Neuritis
Speaker: Dr. Nanda Kishore. B
Former Professor & HOD,
Department of Dermatology,
Father Muller Medical College,
Mangaluru.

INAUGURATION:
9:40 am to 10:10 am

LECTURE-2
10:10 a.m. to 10:40 a.m.
Pathogenesis & Pathology of Neuritis in Leprosy
Speaker: Dr. A S Ramaswamy
Professor & HOD,
Department of Pathology,
PES Institute of Medical Sciences & Research, Kuppam.

TEA BREAK:
10.40 am to 11.00 am

LECTURE-3
11:00 a.m. to 11:30 a.m.
All the Thickened Nerves are not due to Leprosy
Speaker: Dr. Nithin Kumar N
Chief Neurologist, Fortis Hospital,
Bengaluru.

LECTURE-4
11.30 a.m. to 12.00 p.m.
Indications & Biopsy techniques of peripheral nerves in Leprosy
Speaker: Dr. Varsha M
Senior Resident,
Department of Dermatology,
Kempegowda Institute of Medical Sciences,
Bengaluru.

LECTURE-5
12.00 p.m. to 12:30 p.m
Prevention of Neuritis – To add a note on Pure Neuritic Leprosy
Speaker: Dr. Ashwini P K
Associate Professor,
Department of Dermatology,
JSS Medical College, Mysuru.

LECTURE-6
12.30 p.m. to 1:00 p.m
Deformities and Disabilities in Leprosy
Speaker: Dr. G V Seethalakshmi
Professor & HOD,
Department of Dermatology,
Vinayaka Missions Kirupananda Variyar Medical College, Salem.

Q&A SESSION
1:00 p.m. to 1.10 p.m.

VOTE OF THANKS
1:10 p.m. to 1:20 p.m.

Followed by Lunch

CME PROGRAM CERTIFICATE

Karnataka Medical Council

This is to certify that

Dr. **RAJASHEKAR T S** Bearing Reg No. **58067**

Registered with **Karnataka Medical Council**

has participated as delegate/faculty in **PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES**

(CME Programmes/Workshops/Seminars/Conferences held on Date/Month/Year **04/10/2024 To 04-10-2024**

Karnataka Medical Council has granted **2** credit hours for delegates/faculty

Vide Letter No. **KMC/CME/0388/2024** dated **24-09-2024**

Scan QR Code

Candidate Photo

Zonal Chairman Sign

Sri Devraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from Jan 2024 to Dec 2024.

Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member (in Capital Letters) Dr. MADHU KIRAN C

2. Designation ASSISTANT PROFESSOR.

3. Date of Birth 24/02/1995

4. Educational Qualifications including professional and technical qualifications (Mention if any additional qualification has been acquired during the year under review)
MBBS, MD (DVL)

5. Date of continuous appointment in the Academy 25/08/2023.

6. Date of appointment to the present post 25/08/2024

7. Date of confirmation with the designation of the Post in which confirmed : 25/8/2024

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	9 days	Maternity leave NA	0 days
Special Causal leave	0 days	Others (specify) CCL	19 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 14 = NIL
EL (23) – 09 = 14 days

Signature of Establishment Department Clerk Filling Part-I details

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD 2024 TO 2024

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year

DERMATOLOGY, VENEREOLOGY AND LEPROSY

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical)

– 771 (No theory for years)

3. Teaching load mentioned in Time Table in hours for me (Lectures +Tutorials & Practical)

21

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	4. b) Practical periods taken	Shortfall (from 2 & 4.b)
N/A	–	21hrs	NiL

5. Reasons for shortfall, if any, in Lectures and practical taken.

–

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD
				~~02~~		

~~CME on Peripheral~~

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered 05 – 90% - 95%	10	
2.	Interdepartmental teaching programs	05 – as Moderator	~~5~~	
3.	Mentorship provided to students	05 points if mentor	~~5~~	
4.	Any visiting Professorship	20 points	–	
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered	5	
6.	Student Feed Back	20 - 95th to 100th centile 15 - <95th to 90th centile 10 - <90th to 85th centile 05 - <85th centile	15	
7.	Participation in Departmental PG teaching programs	15 – >95% participation 10 - 95% to 90% participation	15	
8.	Production of teaching manual/technical manual	20 points	20	
9.	Clinical Teaching Exercises	15 – >95% conducted 10 - 95% - 90% conducted	15	

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20	–	
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local	05	
Developing E-learning resources	20 (complete content development in 4 quadrant)	20	
Developing MOOCS resources	30 (complete content development in 4 quadrant)		
Contribution to development of MOOCS/e-content module (at least one quadrant)	05		
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I = 105

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04	–	
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02	–	
UG – STS project	04		–	

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10	5	
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant -sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***
							40 + 14.5 = 54.5

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* Points to Augment

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points 20
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II = 45 + 14.5 = 59.5

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique		
3.	On Call duties done	15 – >95% of allotted	15	
		10 – 90 to 95% allotted		
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program		
5.	Procedures/Surgeries performed	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established		
7.	Interdisciplinary clinical treatment systems established	10 for each new program established		
8.	Development of new care models/ care delivery methods	10 for each new model/method		
9.	Contribution in Quality and Safety of patient care delivery	15 points	15	

Total Score for III = 50

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05		
Sports activities	05		
Community and Extension services	05	05	
Administrative assignments	15		

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD
IADVL, BDS, EAACI, WAO, APAAACI,	6 X 05	30	

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD
NABH LINK DOCTOR	10		
BOS MEMBER	10		
Pharmaco Vigilance	10		

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of IV = 35 + 30 = 65

105 X 0.3 + 59.5 X 0.3 + 50 X 0.3 + 65 X 0.1

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 = 70.85

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

Faculty Signature

Name in Block letters Dr. MADHU KIRAN. C

Place KOLAR

Designation ASSISTANT PROFESSOR

Date: 07/03/25

PART III

Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: Dr. RAJASHEKAR. T. S

Designation of the Reporting Officer: PROFESSOR & HOD

Length of service under the reporting officer: 1 YEAR 7 MONTHS

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
5	4	3	2	1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	3
2.	Quality of output	3
3.	Communication skills (Oral and written)	4
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	3
5.	Aptitude to work	3
6.	Ability to inspire and motivate	4
7.	Supervisory ability	3
8.	Interpersonal relations and team work	3
9.	Integrity and Trustworthiness	4
10.	General conduct	4

Total Reporting Officers Score (HOD) : 34

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

70.85 + 34 = 104.85.

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty:

Name of the assessed faculty: Dr. MADHU KIRAN. C

Seal:

Date: 07/03/25.

Signature of the reporting officer:
Name of the reporting officer: DR. RAJASHEKAR. T-S
Professor & HOD
Dept. of Dermatology
SDUMC, Tamaka, Kolar

Seal:
Date: 10/3/25

PART –IV

To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10
						✓			

Signature of the Reviewing Officer
Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

Place: KOLAR

Date:

DR. K. PRABHAKAR
Name in Block Letters

PRINCIPAL & DEAN
Designation
(During the period of Report)

Comparison of Q-Switched Nd:YAG LASER with 10% Azelaic Acid versus Fractional CO2 LASER with 10% Azelaic Acid in the treatment of Post Inflammatory Hyperpigmentation secondary to Acne

Sumedha Tirthani[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1]

[1]*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka,* India.

Corresponding Author: Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS
Post-inflammatory hyperpigmentation, Acne vulgaris, Q-switched Nd:YAGlaser, Fractional CO2 laser, Azelaic acid

ABSTRACT

Background:
Post inflammatory hyperpigmentation (PIH) secondary to acne is a common undesirable sequela following acne that leads to psychological distress and a sense of incomplete treatment among the patients with acne. Few studies have been done in regard to address this condition, and no definite treatment or clear ranking of treatment modalities is available as of yet.

Aims:
The aim of our study was to assess and compare the efficacy and safety of 1,064-nm Q-switched neodymium-doped yttrium aluminum garnet (QSNY) laser with 10% azelaic acid versus Fractional carbon dioxide (FCO2) laser with 10% azelaic acid in the treatment of post acne pigmentation.

Materials and Methods:
Seventy patients with PIH secondary to acne were recruited in this study. The patients were randomized into two groups, Group A and Group B, of thirty-five patients each. Patients in group A underwent QSNY laser, while Group B received FCO2 laser. 10% azelaic acid cream was administered to both groups. Both groups received a total of 5 treatment sessions, with 3 weeks interval between each setting. The efficacy and safety of both modalities were assessed using the quartile grading score(QGS), post acne hyperpigmentationindex(PAHPI), patient satisfaction score, and documentation of adverse effects.

Results:
At the end of five sessions, significant improvement in QGS, PAHPI and patient satisfaction ($P < 0.001$, respectively) was seen in both groups. The mean PAHPI significantly reduced after the third setting and was followed by drastic reduction in the following settings. However, significantly superior results were noted in Group A with respect to all assessments. Side effects noted were mild and transient, except two patients of Group B who developed further pigmentation over the treatment areas.

Conclusion:
This study shows that both QSNY laser and FCO2 laser can be used to treat post-acne pigmentation; however, QSNY laser should be preferred with respect to efficacy and safety, especially in the Indian population, owing to the higher risk of pigmentation following FCO2 laser.

INTRODUCTION

Postinflammatory hyperpigmentation (PIH) is a typical sequela seen in the Indian population following affliction by acne. Patients may experience significant psychological effects from PIH resulting in decreased quality of life

There is a rising concern regarding its treatment among the patients that initially present with acne but remain dissatisfied if the hyperpigmentation remains unaddressed.[1]

Due to higher epidermal melanin content in patients with darker phenotypes, treatment of post-acne hyperpigmentation can be achallenge. Numerous approaches to treating PIH have been proposed, such as topical keratolytics, retinoids, corticosteroids, and depigmenting agents, chemical peels; and several types of lasers.[2] Nevertheless, there is no clear ranking of these therapies or a proven consistently effective modality according to patient satisfaction and clinical effectiveness. Only a few studies on the treatment of acne-

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INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

TOPICAL 0.5% BAKUCHIOL VS FACIAL EXERCISES IN IMPROVING THE SIGNS OF FACIAL AGEING. A RANDOMISED CONTROL TRIAL.

Dermatology

Dr. Hariharasubramanian M Postgraduate.

Dr. Rajashekar T. S* Professor & HOD. *Corresponding Author

Dr. Suresh Kumar K Associate Professor.

Dr. Hanumanthayya K Professor.

Dr. Vaishnavi B. V Assistant Professor.

Dr. Madhukiran C Senior Resident.

ABSTRACT

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is well known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face. The goal of this study is to compare the efficacy of bakuchiol to facial exercises in treating common signs of cutaneous aging.

KEYWORDS

bakuchiol, facial exercises, wrinkles

INTRODUCTION

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures[1]. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. Every year, the synthesis of collagen and elastin in the skin declines by 1%, causing connective tissue to become disorganized and giving rise to wrinkles. Different anti-aging strategies exist. Botanical products have been the cornerstone of medicine for ages. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face[2]. This study compares the effectiveness of face workouts with bakuchiol in addressing common cutaneous aging indicators. The objective of this study was to compare the efficacy of topical 0.5% bakuchiol and facial exercises in reversing the cutaneous signs of facial ageing.

All the individuals aged 40-55 years presenting with signs of cutaneous facial ageing such as creases, wrinkles and folds (Forehead Lines, Crow's Lines, Marionette Lines, Glabellar Frown Lines,) to the Department of Dermatology in R L Jalappa Hospital and Research Centre attached to Sri Devaraj Urs Medical College, Tamaka, Kolar were evaluated and randomised into Group A or Group B. Group A patients after a complete cutaneous examination were adviced to apply few drops of Topical 0.5% Bakuchiol everyday overnight for fourteen weeks over the wrinkles. Patients of this group were advised to follow-up every month and assessed using Daniil scale.The cost for the required molecule was borne by the principal investigator. Group B patients after a complete physical examination were taught a set of 6 facial exercises [(1) lifting the eyebrows and frowning the forehead, (2) approximating the eye-brows, (3) closing the eyes with strength, (4) protruding the lips, (5) spreading the lips, and (6) contracting the right and left cheek against resistance] and advised to follow the routine on a daily basis for fourteen weeks. Patients of this group were advised to follow-up every month and assessed using Daniil scale. Patients with congenital disorders or malformation, facial palsy, traumatic scars and who are not giving consent for the participation were excluded.

Based on survey of previous literature for an outcome variable on proportion of clinical grading 59% vs 34% in two different groups the minimum difference of 25% to attain significance at type I error (α error) of at least 5%, Type II error (β error) at 10% and keeping statistical power above 90%, the sample size of 42 (21+21) is adequate for two group assessment clinical study after adjusting for lost-to-follow up, dropout rates and withdrawals. Chi-Square test, Fisher exact test, student t test or any other suitable method at the time of data analysis were used for statistical analysis. SPSS 22.0, R Environment, MedCalc, MS Excel and Word were the softwares used.

RESULTS

In our study 42 participants were enrolled. All the patients enrolled were between the age of 40-55 years in which the mean age of the patients in Group A was 50.476 ± 2.620 and Group B was 51.00 ± 2.324. Out of the 42 participants enrolled in Group A there were 11 females and 10 males whereas Group B consisted of 9 females and 12 males. In total there were 20 females and 22 males enrolled.

Both bakuchiol and facial exercises significantly reduced the surface area involvement of forehead wrinkles when compared to baseline. Notably, significant changes from baseline were noted at the fourteen week time point. There was a significant difference in the reduction of length of the wrinkle between the two groups. Group A patients who used Topical 0.5% bakuchiol the reduction in the mean length of the forehead wrinkle was 2.243 whereas in Group B it was 1.436. This was statistically significant ($p<0.05$). In Group A patients there was a reduction in the mean length of glabellar frown lines by 1.848 cm and in Group B the reduction in the mean length was 0.993 cm which was found to be statistically significant ($p<0.05$). When compared to baseline, bakuchiol and facial exercises both significantly decreased the surface area involvement of crow's feet wrinkles. Significant

Effects Of Chemical Treatments On The Hair Shaft And Scalp – A Clinico Epidemological Study

Shiva Saadhvi[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1].

[1]Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India
[1]mshivasaadhvi@gmail.com; [2]yeshits@rediffmail.com; [3]s

***Corresponding Author:** Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS

Hair Straightening

Hair colouring

Perming

ABSTRACT

Background: The medulla, cortex, and cuticle are the three keratin-containing layers that make up the hair shaft. Cysteine residues are abundant in keratin proteins. Tightly bound disulphide bridges and other connections like Van der Waals, hydrogen, and salt bonds allow adjacent keratin chains to link.

Progressive or permanent chemical straightening, hair perming, or colouring can alter the shape and form of the hair shaft. In general, hair straightening affects the cuticles, hydrogen bonding, and the cortical amino acid tyrosine. It straightens hair by changing the shape of the disulphide bridges and creating a polymerised structure in the hair shaft, rather than breaking them.

The substances used in oxidative (permanent) and non-oxidative (semi-permanent and temporary) hair colourants differ greatly. As a result, different hair dyes have distinct ways of being manipulated. While permanent hair perming transforms straight hair into curly hair by breaking and reconstructing the hair disulphide bond, permanent hair dyes bleach and add a new colour to hair by penetrating tiny dye precursors into the cortex and then oxidising them.

Methodology: A Clinico-epidemiological study conducted to determine the efficacy of chemical treatments like hair straightening, colouring and perming of hair on the hair shaft and scalp on a total 114 subjects. They were evaluated based on detailed history and examination, including the type of chemical treatment, duration of the treatment and any adverse effects present over the hair scalp and shaft during or post the chemical treatment. The hair scalp and shaft was examined both clinically and dermoscopically. The side effects noted, clinical photographs were taken using Iphone 14 Pro max.
Statistical analysis- by co-guide software.
Results: In our study total of 116 participants, the most common chemical treatment undergone was hair colouring which was about 48.7% followed by hair straightening (39.8%) and perming in 12.4%. Females were more prevalent in our study constituting about 58.6%. All the chemical treatments had their own side effects, but dryness and hair fall were prevalent among all three groups. Dermoscopy changes like perifollicular scaling and black dots were most commonly seen in patients who had undergone hair straightening, whereas pigment deposition was seen more in patients who had coloured their hair and red dots were more seen in patients who permed their hair.
Conclusions: This analysis underscores the complex interactions between chemical hair treatments and their effects on the hair shaft and scalp. While these treatments offer aesthetic benefits, they can significantly impact hair integrity and scalp health, emphasizing the need for cautious application and proper aftercare. Enhanced understanding through clinical and dermoscopic evaluations allows for informed decisions regarding hair treatment practices, encouraging an approach that balances aesthetic desires with health considerations

INTRODUCTION

The human pursuit of beauty and self-expression has led to the widespread adoption of various hair treatments, creating a substantial market for products designed to alter hair appearance. Chemical treatments—namely hair straightening, colouring, and perming—occupy significant niches within

PATRONS
Divine Blessings From
Departed Soul
LATE SRI R.L. JALAPPA
Founder Chairman, SDUET

SRI G. H. NAGARAJA
President, SDUET, Hon'ble Chancellor, SDUAHER

SRI J. RAJENDRA
Vice President, SDUET

SRI HANUMANTHA RAJU
Secretary, SDUET

DR. B . VENGAMMA
Hon'ble Vice Chancellor, SDUAHER

DR. D. V. L. N. PRASAD
Hon'ble Chief Administrative Officer, SDUAHER

DR. MUNINARAYANA C
Registrar, SDUAHER

DR. PRABHAKAR K
Dean, Faculty of Medicine, SDUAHER & Principal, SDUMC

DR. KRISHNAPPA J
Medical Superintendent, RLJH & RC

DR. VINUTHA SHANKAR MS
Vice Principal, SDUMC

ORGANIZING COMMITTEE
Organizing Chairman
Dr. Rajashekar T. S. (Professor and HOD)

Organizing Co-Chairman
Dr. Suresh Kumar. K. (Associate Professor)

Organizing Secretary
Dr. Vaishnavi B.V. (Assistant Professor)

Organizing Joint Secretary
Dr. Madhu Kiran C (Assistant Professor)

Scientific Chairperson
Dr. Hanumanthayya K (Senior Professor)

Committee Members

Dr. Sumedha Tirthani	Dr.B. Samhith Souri
Dr. Shivasaadhvi	Dr.Gunalakshmi
Dr. G. Anjana	Dr. Bommaka Sruthi
Dr. Hussain Kolsawala	Dr. Callista Juneja
Dr. Harihara	Dr.Yashaswini .M
Dr. Akshata Yadav. S	Dr.Namrata Kenkre
Dr. Jervin Chris Rohith	Dr.Swathi Shenoy
Dr. Y Sushmitha Reddy	

For Assistance Contact:
Dr. Madhu Kiran. C
Mob No. 7760508809
Email Id: drmadhukiranmalur@gmail.com

Dr. Akshata Yadav .S
Mob No: 9483145396
Email Id: akshatayadav453@gmail.com

Dr. Swathi G Shenoy
Mob No: 9731312695
Email Id: swati29shenoy@gmail.com

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

SRI DEVARAJ URS MEDICAL COLLEGE
Constituent college of
Sri Devaraj Urs Academy Of Higher Education And Research
TAMAKA, KOLAR.

Presents

REGIONAL CME ON

"PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES"

FRIDAY, 04TH OCTOBER 2024
Time: 9am to 1.30 pm Venue: William Osler Hall 1st floor, SDUMC.

WITH BEST COMPLIMENTS FROM,
Organizing Chairman
DR. RAJASHEKAR T.S.

INVITATION

Dear Sir/Madam,

The Department of Dermatology, Sri Devaraj Urs Medical College, Kolar, invites you to attend our Webinar **CME on PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES".**

Join us for an enlightening CME on the impact of leprosy on peripheral nerves. We will delve into how changes in nerve function can reveal critical insights into the disease's progression. This CME will provide valuable information on early detection methods and discuss advanced strategies for improving treatment outcomes. Don't miss this opportunity to deepen your understanding and contribute to better management of Leprosy.

With warm regards,
Organizing Committee

Registration Link for CME:
KMC accredited with one Credit hour
(LAST DATE FOR REGISTRATION-30/09/2024)

https://shorturl.at/pCHoB

Registration Fee-Rs.100/- Scan to Pay:

PROGRAMME

LECTURE-1
9:00 a.m. to 9:40 a.m.
Examination of peripheral Nerves in Leprosy & Clinical Signs of Neuritis
Speaker: Dr. Nanda Kishore. B
Former Professor & HOD,
Department of Dermatology,
Father Muller Medical College,
Mangaluru.

INAUGURATION:
9:40 am to 10:10 am

LECTURE-2
10:10 a.m. to 10:40 a.m.
Pathogenesis & Pathology of Neuritis in Leprosy
Speaker: Dr. A S Ramaswamy
Professor & HOD,
Department of Pathology,
PES Institute of Medical Sciences & Research, Kuppam.

TEA BREAK:
10.40 am to 11.00 am

LECTURE-3
11:00 a.m. to 11:30 a.m.
All the Thickened Nerves are not due to Leprosy
Speaker: Dr. Nithin Kumar N
Chief Neurologist, Fortis Hospital,
Bengaluru.

LECTURE-4
11.30 a.m. to 12.00 p.m.
Indications & Biopsy techniques of peripheral nerves in Leprosy
Speaker: Dr. Varsha M
Senior Resident,
Department of Dermatology,
Kempegowda Institute of Medical Sciences,
Bengaluru.

LECTURE-5
12.00 p.m. to 12:30 p.m
Prevention of Neuritis – To add a note on Pure Neuritic Leprosy
Speaker: Dr. Ashwini P K
Associate Professor,
Department of Dermatology,
JSS Medical College, Mysuru.

LECTURE-6
12.30 p.m. to 1:00 p.m
Deformities and Disabilities in Leprosy
Speaker: Dr. G V Seethalakshmi
Professor & HOD,
Department of Dermatology,
Vinayaka Missions Kirupananda Variyar Medical College, Salem.

Q&A SESSION
1:00 p.m. to 1.10 p.m.

VOTE OF THANKS
1:10 p.m. to 1:20 p.m.

Followed by Lunch

Sri Devraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from January 2024 to December - 2024

Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member (in Capital Letters) DR. SURESH KUMAR. K

2. Designation – ASSOCIATE PROFESSOR.

3. Date of Birth – 05/07/1987

4. Educational Qualifications including professional and technical qualifications (Mention if any additional qualification has been acquired during the year under review)
M.B.B.S, M.D. (D.V.L).

5. Date of continuous appointment in the Academy – 09/09/2015

6. Date of appointment to the present post – 01/07/2022.

7. Date of confirmation with the designation of the Post in which confirmed : 01/07/2022

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	4 days	Medical leave	days
Duty leave	01 days	Loss of pay leave (LWP)	days
Earned leave	0 days	Maternity leave	days
Special Causal leave	2 days	Others (specify) CCL	5 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 04 = 10 days
EL (23) – 0 = 23 days
SpCL (15) – 2 = 13 days

Signature of Establishment Department Clerk Filling Part-I details Est

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD Jan-24 TO Dec-24

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year

M.B.B.S, M.D - Dermatology.

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical)

– 771 hrs Clinical. NO theory classes scheduled.

3. Teaching load mentioned in Time Table in hours for me (Lectures +Tutorials & Practical)

159 hrs.

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	4. b) Practical periods taken	Shortfall (from 2 & 4.b)
Not Applicable	–	159hrs	- NIL-

5. Reasons for shortfall, if any, in Lectures and practical taken.

– NIL –

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD
-8th CLINICON – National Conference. CME-on "Peripheral Nervous system & leprosy"		05		02	05	05

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered 05 – 90% - 95%	10	10
2.	Interdepartmental teaching programs	05 – as Moderator	05	05
3.	Mentorship provided to students	05 points if mentor	05	05
4.	Any visiting Professorship	20 points	–	–
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered	05	05
6.	Student Feed Back	20 - 95th to 100th centile 15 - <95th to 90th centile 10 - <90th to 85th centile 05 - <85th centile	15	15
7.	Participation in Departmental PG teaching programs	15 – >95% participation 10 - 95% to 90% participation	15	15
8.	Production of teaching manual/technical manual	20 points	20	20
9.	Clinical Teaching Exercises	15 – >95% conducted 10 - 95% - 90% conducted	15	15

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20	–	–
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local	05	05
Developing E-learning resources	20 (complete content development in 4 quadrant)	20	
Developing MOOCS resources	30 (complete content development in 4 quadrant)	–	–
Contribution to development of MOOCS/e-content module (at least one quadrant)	05	–	–
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I = 190

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance completed (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04		
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02	12	12
UG – STS project	04			

ongoing 4x3 = 12

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10	05	05
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant -sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy — NIL

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***
							70+16+14.5

100.5

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* Points to Augment

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II = 117.5

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted	10	10
		05 - 90 to 95% allotted		
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique	–	–
3.	On Call duties done	15 – >95% of allotted	15	15
		10 – 90 to 95% allotted		
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program	–	–
5.	Procedures/Surgeries performed	10 – >95% of allotted	15	15
		05 - 90 to 95% allotted		
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established	–	–
7.	Interdisciplinary clinical treatment systems established	10 for each new program established	–	–
8.	Development of new care models/ care delivery methods	10 for each new model/method	–	–
9.	Contribution in Quality and Safety of patient care delivery	15 points	15	15

Total Score for III = 55

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05	05	05
Sports activities	05	05	05
Community and Extension services	05	05	05
Administrative assignments	15	15	15

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD
IMA, IAPM, ACDI, BDS, KMC.	05 X 06	30.	30

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD
- NMC Indicators	10		10
- Nodal Officer' for Admins.	10		10

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of IV = 80.

36 + 35.25 + 16.5 + 8

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 = 120 X 0.3 + 117.5 X 0.3 + 55 X 0.3 + 80 X 0.1

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

= 89.75 + 6

= 95.75

Faculty Signature

Name in Block letters Dr. SURESH KUMAR. K

Place Kolar

Designation Associate Prof.

Date: 10/3/25

PART III

Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: Dr. Rajashekaran T S

Designation of the Reporting Officer: Prof & HOD.

Length of service under the reporting officer: 9yrs 7 months

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
5	4	3	2	1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	4
2.	Quality of output	4
3.	Communication skills (Oral and written)	3
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	4
5.	Aptitude to work	4
6.	Ability to inspire and motivate	4
7.	Supervisory ability	4
8.	Interpersonal relations and team work	3
9.	Integrity and Trustworthiness	4
10.	General conduct	4

Total Reporting Officers Score (HOD) : 38

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

95.75+38

= 133.75

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty: Suresh Kumar K.
Name of the assessed faculty: Dr. SURESH KUMAR. K.
Seal:
Date: 10/3/25

Signature of the reporting officer:
Name of the reporting officer: Dr. RAJASHEKAR. T.S

Professor & HOD
Dept. of Dermatology
SDUMC, Tamaka, Kolar

Seal:
Date: 10/3/25

PART –IV

To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10
								✓	

Signature of the Reviewing Officer

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

DR. K. PRABHAKAR
Name in Block Letters

PRINCIPAL & DEAN
Designation
(During the period of Report)

Place: KOLAR

Date:

ORIGINAL RESEARCH PAPER Volume - 13 | Issue - 12 | December - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

TOPICAL 0.5% BAKUCHIOL VS FACIAL EXERCISES IN IMPROVING THE SIGNS OF FACIAL AGEING. A RANDOMISED CONTROL TRIAL.

Dermatology

Dr. Hariharasubramanian M Postgraduate.

Dr. Rajashekar T. S* Professor & HOD. *Corresponding Author

Dr. Suresh Kumar K Associate Professor.

Dr. Hanumanthayya K Professor.

Dr. Vaishnavi B. V Assistant Professor.

Dr. Madhukiran C Senior Resident.

ABSTRACT

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is well known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face. The goal of this study is to compare the efficacy of bakuchiol to facial exercises in treating common signs of cutaneous aging.

KEYWORDS

bakuchiol, facial exercises, wrinkles

INTRODUCTION

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures[1]. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. Every year, the synthesis of collagen and elastin in the skin declines by 1%, causing connective tissue to become disorganized and giving rise to wrinkles. Different anti-aging strategies exist. Botanical products have been the cornerstone of medicine for ages. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face[2]. This study compares the effectiveness of face workouts with bakuchiol in addressing common cutaneous aging indicators. The objective of this study was to compare the efficacy of topical 0.5% bakuchiol and facial exercises in reversing the cutaneous signs of facial ageing.

All the individuals aged 40-55 years presenting with signs of cutaneous facial ageing such as creases, wrinkles and folds (Forehead Lines, Crow's Lines, Marionette Lines, Glabellar Frown Lines,) to the Department of Dermatology in R L Jalappa Hospital and Research Centre attached to Sri Devaraj Urs Medical College, Tamaka, Kolar were evaluated and randomised into Group A or Group B. Group A patients after a complete cutaneous examination were adviced to apply few drops of Topical 0.5% Bakuchiol everyday overnight for fourteen weeks over the wrinkles. Patients of this group were advised to follow-up every month and assessed using Daniil scale.The cost for the required molecule was borne by the principal investigator. Group B patients after a complete physical examination were taught a set of 6 facial exercises [(1) lifting the eyebrows and frowning the forehead, (2) approximating the eye-brows, (3) closing the eyes with strength, (4) protruding the lips, (5) spreading the lips, and (6) contracting the right and left cheek against resistance] and advised to follow the routine on a daily basis for fourteen weeks. Patients of this group were advised to follow-up every month and assessed using Daniil scale. Patients with congenital disorders or malformation, facial palsy, traumatic scars and who are not giving consent for the participation were excluded.

Based on survey of previous literature for an outcome variable on proportion of clinical grading 59% vs 34% in two different groups the minimum difference of 25% to attain significance at type I error (α error) of at least 5%, Type II error (β error) at 10% and keeping statistical power above 90%, the sample size of 42 (21+21) is adequate for two group assessment clinical study after adjusting for lost-to-follow up, dropout rates and withdrawals. Chi-Square test, Fisher exact test, student t test or any other suitable method at the time of data analysis were used for statistical analysis. SPSS 22.0, R Environment, MedCalc, MS Excel and Word were the softwares used.

RESULTS

In our study 42 participants were enrolled. All the patients enrolled were between the age of 40-55 years in which the mean age of the patients in Group A was 50.476 ± 2.620 and Group B was 51.00 ± 2.324. Out of the 42 participants enrolled in Group A there were 11 females and 10 males whereas Group B consisted of 9 females and 12 males. In total there were 20 females and 22 males enrolled.

Both bakuchiol and facial exercises significantly reduced the surface area involvement of forehead wrinkles when compared to baseline. Notably, significant changes from baseline were noted at the fourteen week time point. There was a significant difference in the reduction of length of the wrinkle between the two groups. Group A patients who used Topical 0.5% bakuchiol the reduction in the mean length of the forehead wrinkle was 2.243 whereas in Group B it was 1.436. This was statistically significant ($p<0.05$). In Group A patients there was a reduction in the mean length of glabellar frown lines by 1.848 cm and in Group B the reduction in the mean length was 0.993 cm which was found to be statistically significant ($p<0.05$). When compared to baseline, bakuchiol and facial exercises both significantly decreased the surface area involvement of crow's feet wrinkles. Significant

Effects Of Chemical Treatments On The Hair Shaft And Scalp – A Clinico Epidemological Study

Shiva Saadhvi[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1].

[1]Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India
[1]mshivasaadhvi@gmail.com; [2]yeshits@rediffmail.com; [3]s

***Corresponding Author:** Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS

Hair Straightening

Hair colouring

Perming

ABSTRACT

Background: The medulla, cortex, and cuticle are the three keratin-containing layers that make up the hair shaft. Cysteine residues are abundant in keratin proteins. Tightly bound disulphide bridges and other connections like Van der Waals, hydrogen, and salt bonds allow adjacent keratin chains to link.

Progressive or permanent chemical straightening, hair perming, or colouring can alter the shape and form of the hair shaft. In general, hair straightening affects the cuticles, hydrogen bonding, and the cortical amino acid tyrosine. It straightens hair by changing the shape of the disulphide bridges and creating a polymerised structure in the hair shaft, rather than breaking them.

The substances used in oxidative (permanent) and non-oxidative (semi-permanent and temporary) hair colourants differ greatly. As a result, different hair dyes have distinct ways of being manipulated. While permanent hair perming transforms straight hair into curly hair by breaking and reconstructing the hair disulphide bond, permanent hair dyes bleach and add a new colour to hair by penetrating tiny dye precursors into the cortex and then oxidising them.

Methodology: A Clinico-epidemiological study conducted to determine the efficacy of chemical treatments like hair straightening, colouring and perming of hair on the hair shaft and scalp on a total 114 subjects. They were evaluated based on detailed history and examination, including the type of chemical treatment, duration of the treatment and any adverse effects present over the hair scalp and shaft during or post the chemical treatment. The hair scalp and shaft was examined both clinically and dermoscopically. The side effects noted, clinical photographs were taken using Iphone 14 Pro max.
Statistical analysis- by co-guide software.
Results: In our study total of 116 participants, the most common chemical treatment undergone was hair colouring which was about 48.7% followed by hair straightening (39.8%) and perming in 12.4%. Females were more prevalent in our study constituting about 58.6%. All the chemical treatments had their own side effects, but dryness and hair fall were prevalent among all three groups. Dermoscopy changes like perifollicular scaling and black dots were most commonly seen in patients who had undergone hair straightening, whereas pigment deposition was seen more in patients who had coloured their hair and red dots were more seen in patients who permed their hair.
Conclusions: This analysis underscores the complex interactions between chemical hair treatments and their effects on the hair shaft and scalp. While these treatments offer aesthetic benefits, they can significantly impact hair integrity and scalp health, emphasizing the need for cautious application and proper aftercare. Enhanced understanding through clinical and dermoscopic evaluations allows for informed decisions regarding hair treatment practices, encouraging an approach that balances aesthetic desires with health considerations

INTRODUCTION

The human pursuit of beauty and self-expression has led to the widespread adoption of various hair treatments, creating a substantial market for products designed to alter hair appearance. Chemical treatments—namely hair straightening, colouring, and perming—occupy significant niches within

Original Article

A Comparative Study of Fractional CO_2 Laser With Topical Triamcinolone Acetonide Versus Intralesional Triamcinolone Acetonide in the Treatment of Alopecia Areata

Harish Prasanna, Rajashekar Talari Srinivas, Suresh Kumar Kuppuswamy, Hanumanthayya Keloji, Pavithra Thotta Ravikumar
Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Academy of Higher Education and Research, Kolar, Karnataka, India

Abstract

Introduction: Alopecia areata (AA) is a non-scarring alopecia of chronic autoimmune etiology with heterogenous severity against the anagen hair follicle over the scalp, beard, or any part of the body and is associated with a significant psychological morbidity in the mental status of the patients leading the patients to seek treatment for cosmetic reasons. The management of AA is very unpredictable and is associated with various cosmetic adverse effects. This study aimed at comparing the efficacy and safety of a novel procedure of laser-assisted drug delivery system of steroids with the first-line procedure of intralesional steroids (ILS) for the treatment of patchy AA. **Aims and Objectives:** To assess and compare the efficacy and safety of fractional CO_2 laser in combination with topical triamcinolone acetonide aqueous solution and intralesional triamcinolone acetonide as a monotherapy and in the treatment of AA. **Materials and Methods:** A total of 60 patchy AA patients were included in this study. Patients were randomized into two equal groups: Group A and Group B with 30 patients in each group using a computer-generated block randomization. Patients in Group A received fractional CO_2 laser with topical triamcinolone acetonide aqueous solution and Group B received ILS. Both groups received treatment for five settings with each setting a gap of 3 weeks. The efficacy and safety of treatment modalities in both groups were assessed using global photograph assessment (GPA)-scale, lesional area density score percentage of improvement (LAD score improvement %), visual discomfort scale (VDS), visual analogue scale, and documentation of adverse effects in each setting. **Results:** Efficacy of treatment modality-assessed using means score of GPA-scale and LAD score improvement % suggests quicker results to patients in Group B in initial settings but drastic improvement happens to patients in Group A in subsequent settings. At the end of 5th setting, GPA-scale and LAD score improvement % suggest maximum efficacy in patients in Group A and they are statistically significant (P-value < 0.001). The mean VDS in both groups suggests maximum discomfort in Group A, yet the patient satisfaction at the end of 5th setting was maximum with patients in Group A and they are statistically significant (P-value < 0.001). Cosmetic notable adverse effect of atrophy of skin was documented in 30% of patients in Group B. **Conclusion:** This study showed that fractional CO_2 laser with topical triamcinolone acetonide is a better treatment modality than the intralesional triamcinolone acetonide for the treatment of AA with respect to efficacy, safety, and adverse events.

Keywords: Alopecia areata, combination therapy, fractional CO2 laser, intralesional steroids, laser-assisted drug delivery

Introduction

Alopecia areata (AA) is a non-scarring alopecia of chronic autoimmune etiology with heterogenous severity against the anagen hair follicle over the scalp, beard, or any part of the body. AA accounts for 2% of the global general population. The exact etiopathogenesis of AA is very elusive, whereas the most accepted theory is the immune privilege of the hair follicle getting collapsed by unpredictable immunological mechanism. Various genetic and environmental triggers contribute to their etiopathogenesis.[1]

The clinical profile of AA varies significantly. The most common presentation is a smooth, circular, complete patchy loss of hair that has occurred over weeks. This is called patchy AA and it ranges from single to multifocal

Address for correspondence: Dr. Rajashekar Talari Srinivas, Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Tamaka, Kolar 563103, Karnataka, India.
E-mail: yeshits@rediffmail.com

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Comparison of Q-Switched Nd:YAG LASER with 10% Azelaic Acid versus Fractional CO2 LASER with 10% Azelaic Acid in the treatment of Post Inflammatory Hyperpigmentation secondary to Acne

Sumedha Tirthani[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1]

[1]*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka,* India.

Corresponding Author: Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS
Post-inflammatory hyperpigmentation, Acne vulgaris, Q-switched Nd:YAGlaser, Fractional CO2 laser, Azelaic acid

ABSTRACT

Background:
Post inflammatory hyperpigmentation (PIH) secondary to acne is a common undesirable sequela following acne that leads to psychological distress and a sense of incomplete treatment among the patients with acne. Few studies have been done in regard to address this condition, and no definite treatment or clear ranking of treatment modalities is available as of yet.

Aims:
The aim of our study was to assess and compare the efficacy and safety of 1,064-nm Q-switched neodymium-doped yttrium aluminum garnet (QSNY) laser with 10% azelaic acid versus Fractional carbon dioxide (FCO2) laser with 10% azelaic acid in the treatment of post acne pigmentation.

Materials and Methods:
Seventy patients with PIH secondary to acne were recruited in this study. The patients were randomized into two groups, Group A and Group B, of thirty-five patients each. Patients in group A underwent QSNY laser, while Group B received FCO2 laser. 10% azelaic acid cream was administered to both groups. Both groups received a total of 5 treatment sessions, with 3 weeks interval between each setting. The efficacy and safety of both modalities were assessed using the quartile grading score(QGS), post acne hyperpigmentationindex(PAHPI), patient satisfaction score, and documentation of adverse effects.

Results:
At the end of five sessions, significant improvement in QGS, PAHPI and patient satisfaction ($P < 0.001$, respectively) was seen in both groups. The mean PAHPI significantly reduced after the third setting and was followed by drastic reduction in the following settings. However, significantly superior results were noted in Group A with respect to all assessments. Side effects noted were mild and transient, except two patients of Group B who developed further pigmentation over the treatment areas.

Conclusion:
This study shows that both QSNY laser and FCO2 laser can be used to treat post-acne pigmentation; however, QSNY laser should be preferred with respect to efficacy and safety, especially in the Indian population, owing to the higher risk of pigmentation following FCO2 laser.

INTRODUCTION

Postinflammatory hyperpigmentation (PIH) is a typical sequela seen in the Indian population following affliction by acne. Patients may experience significant psychological effects from PIH resulting in decreased quality of life

There is a rising concern regarding its treatment among the patients that initially present with acne but remain dissatisfied if the hyperpigmentation remains unaddressed.[1]

Due to higher epidermal melanin content in patients with darker phenotypes, treatment of post-acne hyperpigmentation can be achallenge. Numerous approaches to treating PIH have been proposed, such as topical keratolytics, retinoids, corticosteroids, and depigmenting agents, chemical peels; and several types of lasers.[2] Nevertheless, there is no clear ranking of these therapies or a proven consistently effective modality according to patient satisfaction and clinical effectiveness. Only a few studies on the treatment of acne-

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SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

ONGOING PROJECTS (NON FUNDED)

Sl. No	Project	Investigators	Ethical clearance number
1	Serum Apeline levels in Acanthosis Nigricans : A Cross Sectional Comparative Study	Dr.Jervin Chris Rohit Dr.Rajashekar T S	SDUMC/KLR/IEC/ 28/2023-24
2	A Comparative Study Of Fractional Co2 Laser versus Ferulic Acid Sequential (12% & 8%) Peel In The Treatment Of Neck Acanthosis Nigricans	Dr.Akshata Yadav Dr.Rajashekar T S	SDUMC/KLR/IEC/ 25/2023-24
3	A Randomised Control Study On Efficacy Of Topical Losartan Versus Topical Clobetasol For The Treatment Of Hypertrophic Scar And Keloid	Dr.Gunalakshmi Dr.Rajashekar T S	SDUMC/KLR/IEC/ 27/2023-24
4	Onychoscopic Nail Changes In Patients With Chronic Kidney Disease : A Cross Sectional Study	Dr.Yeragonda Sushmitha Dr.Hanumanthayya K	SDUMC/KLR/IEC/ 29/2023-24
5	Cutaneous Manifestations In Cancer Patients : A Cross Sectional Study	Dr.Samhith Souri Dr.Hanumanthayya K	SDUMC/KLR/IEC/ 26/2023-24
6	Study On Efficacy Of Antifungal Activity Of Three Essential Oils In Treatment Of Dermatophytosis Infections: A Randomised Controlled Trial	Dr. Callista Juneja Dr. Rajashekar.TS	SDUAHER/KLR/C EC/26/2024-25
7	A Study Of The Efficacy And Safety Of 5% Benzoyl Peroxide Versus Fusidic Acid In The Treatment Of Pitted Keratolysis: Randomised Controlled Trial	Dr. Namrata Kenkre Dr. Rajashekar.TS	SDUAHER/KLR/C EC/27/2024-25
8	Evaluation Of Dermoscopic Features In Correlation To Woods Lamp Examination In Perioral Melanosis	Dr. Swathi Ganesh Shenoy Dr. Rajashekar. TS	SDUAHER/KLR/C EC/29/2024-25
9	A Study On Efficacy Of Fractional CO2 LASER With Topical Latanoprost Vs Fractional CO2 LASER With Topical Tofacitinib In Stable Vitiligo- An Interventional Study	Dr. Bomakka Sruthi Dr. Suresh Kumar K	SDUAHER/KLR/C EC/71/2024-25
10	A Comparative Study On Efficacy And Adverse Effects Of Methotrexate 1% Gel Versus Tofacitinib 2% Gel In The Treatment Of Localised Alopecia Areata	Dr. Yashaswini M Dr. Suresh Kumar K	SDUAHER/KLR/C EC/28/2024-25

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Dr.Namrata Kenkre
Dr.Swathi Shenoy

For Assistance Contact:
Dr. Madhu Kiran. C
Mob No. 7760508809
Email Id: drmadhukiranmalur@gmail.com

Dr. Akshata Yadav .S
Mob No: 9483145396
Email Id: akshatayadav453@gmail.com

Dr. Swathi G Shenoy
Mob No: 9731312695
Email Id: swati29shenoy@gmail.com

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

SRI DEVARAJ URS MEDICAL COLLEGE
Constituent college of
Sri Devaraj Urs Academy Of Higher Education And Research
TAMAKA, KOLAR.

Presents

REGIONAL CME ON

"PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES"

FRIDAY, 04TH OCTOBER 2024
Time: 9am to 1.30 pm Venue: William Osler Hall 1st floor, SDUMC.

WITH BEST COMPLIMENTS FROM,
Organizing Chairman
DR. RAJASHEKAR T.S.

INVITATION

Dear Sir/Madam,

The Department of Dermatology, Sri Devaraj Urs Medical College, Kolar, invites you to attend our Webinar **CME on PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES".**

Join us for an enlightening CME on the impact of leprosy on peripheral nerves. We will delve into how changes in nerve function can reveal critical insights into the disease's progression. This CME will provide valuable information on early detection methods and discuss advanced strategies for improving treatment outcomes. Don't miss this opportunity to deepen your understanding and contribute to better management of Leprosy.

With warm regards,
Organizing Committee

Registration Link for CME:
KMC accredited with one Credit hour
(LAST DATE FOR REGISTRATION-30/09/2024)

https://shorturl.at/pCHoB

Registration Fee-Rs.100/- Scan to Pay:

PROGRAMME

LECTURE-1
9:00 a.m. to 9:40 a.m.
Examination of peripheral Nerves in Leprosy & Clinical Signs of Neuritis
Speaker: Dr. Nanda Kishore. B
Former Professor & HOD,
Department of Dermatology,
Father Muller Medical College,
Mangaluru.

INAUGURATION:
9:40 am to 10:10 am

LECTURE-2
10:10 a.m. to 10:40 a.m.
Pathogenesis & Pathology of Neuritis in Leprosy
Speaker: Dr. A S Ramaswamy
Professor & HOD,
Department of Pathology,
PES Institute of Medical Sciences & Research, Kuppam.

TEA BREAK:
10.40 am to 11.00 am

LECTURE-3
11:00 a.m. to 11:30 a.m.
All the Thickened Nerves are not due to Leprosy
Speaker: Dr. Nithin Kumar N
Chief Neurologist, Fortis Hospital,
Bengaluru.

LECTURE-4
11.30 a.m. to 12.00 p.m.
Indications & Biopsy techniques of peripheral nerves in Leprosy
Speaker: Dr. Varsha M
Senior Resident,
Department of Dermatology,
Kempegowda Institute of Medical Sciences,
Bengaluru.

LECTURE-5
12.00 p.m. to 12:30 p.m
Prevention of Neuritis – To add a note on Pure Neuritic Leprosy
Speaker: Dr. Ashwini P K
Associate Professor,
Department of Dermatology,
JSS Medical College, Mysuru.

LECTURE-6
12.30 p.m. to 1:00 p.m
Deformities and Disabilities in Leprosy
Speaker: Dr. G V Seethalakshmi
Professor & HOD,
Department of Dermatology,
Vinayaka Missions Kirupananda Variyar Medical College, Salem.

Q&A SESSION
1:00 p.m. to 1.10 p.m.

VOTE OF THANKS
1:10 p.m. to 1:20 p.m.

Followed by Lunch

Sri Devraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from ..... to .....
Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member (in Capital Letters) DR. SANTHOSHA

2. Designation Assistant Professor

3. Date of Birth 28/03/1991

4. Educational Qualifications including professional and technical qualifications (Mention if any additional qualification has been acquired during the year under review)
- MD
- MBA (Hospital Administration)
- CCEPC (Pain & Palliative Care)

5. Date of continuous appointment in the Academy 26.12.2022.

6. Date of appointment to the present post 07.05.2024

7. Date of confirmation with the designation of the Post in which confirmed 07.05.2024

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	days	Medical leave	days
Duty leave	days	Loss of pay leave (LWP)	days
Earned leave	days	Maternity leave	days
Special Causal leave	days	Others (specify)	days

Total Leave Available – Total Leave Availed = Total Leave at Credit

Signature of Establishment Department Clerk Filling Part-I details

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD Jan 2024 **TO** Dec 2024.

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year — BSc. RTT.

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical)

BSc-RTT – 4th Sem - 20 hrs

3. Teaching load mentioned in Time Table in hours for **me** (Lectures +Tutorials & Practical)

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	4. b) Practical periods taken	Shortfall (from 2 & 4.b)
BSc-RTT 20 hrs.	Nil	10 hrs	Nil

5. Reasons for shortfall, if any, in Lectures and practical taken. Nil.

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD
	—	2.5		02	4.5	—

- Participated as faculty on Co-creating Quality - The role of palliative care conducted on 2/08/2024 at SNAHHR, Tamaka.
- Presented poster on "Re-thinking data strategy to leading the way through data quality & integrity on 31/05/24 @ international clinical trial day of Indian society for clinical research.

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered	10	10.
		05 – 90% - 95%		
2.	Interdepartmental teaching programs	05 – as Moderator	–	–
3.	Mentorship provided to students	05 points if mentor	–	–
4.	Any visiting Professorship	20 points	–	–
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered	5	5
6.	Student Feed Back	20 - 95th to 100th centile	15	15
		15 - <95th to 90th centile		
		10 - <90th to 85th centile		
		05 - <85th centile		
7.	Participation in Departmental PG teaching programs	15 – >95% participation	–	–
		10 - 95% to 90% participation		
8.	Production of teaching manual/technical manual	20 points	–	–
9.	Clinical Teaching Exercises	15 – >95% conducted	10	10
		10 - 95% - 90% conducted		

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20	–	–
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local	02	02
Developing E-learning resources	20 (complete content development in 4 quadrant)	–	–
Developing MOOCS resources	30 (complete content development in 4 quadrant)	–	–
Contribution to development of MOOCS/e-content module (at least one quadrant)	05	–	–
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I = 46.5

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04	—	—
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02	—	—
UG – STS project	04		—	—

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs	—	—
Internal Funded	10	—	—
PI in Funded project	+05	—	—

Nature of the Project	Duration	Name of the funding Agency	Total grant sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course	—	—

Title of the innovation	Awarding Agency	Date of Award	Category
—			

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***
	Dr. Santhosh Kalal	Nanotechnology Perceptions	2024.	0.6	SDUAHER		10

Towards strategic excellence : Enhancing Impact in marketing strategy and management Research.

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* **Points to Augment**

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II = 15

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted 05 - 90 to 95% allotted	10	10
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique	—	—
3.	On Call duties done	15 – >95% of allotted 10 – 90 to 95% allotted	10	10
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program	—	—
5.	Procedures/Surgeries performed	10 – >95% of allotted 05 - 90 to 95% allotted	10	10
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established	—	—
7.	Interdisciplinary clinical treatment systems established	10 for each new program established	10	10
8.	Development of new care models/ care delivery methods	10 for each new model/method	—	—
9.	Contribution in Quality and Safety of patient care delivery	15 points	5	5

Total Score for III = 45

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05	0	0
Sports activities	05	05	5
Community and Extension services	05	0	0
Administrative assignments	15	—	—

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD
AROI	5	5	5

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD
Quiz	5	5	5

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition'	Awarding bodies	
Poster Presentation	3rd prize	ISCR	15

Total Score of IV = 30

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 = 46.5 x 0.3 + 15 x 0.3 + 45 x 0.3 + 30 x 0.1 = 34.95

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

Santhosha.

Faculty Signature

Name in Block letters DR SANTHOSHA.

Place Tamaka

Designation Assistant Professor.

Date: 6/3/25.

PART III

Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: Dr. MANJUNATH. G.N

Designation of the Reporting Officer: Professor

Length of service under the reporting officer: 3 years.

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
5	4	3	2	1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	4
2.	Quality of output	4
3.	Communication skills (Oral and written)	3.5
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	4
5.	Aptitude to work	4
6.	Ability to inspire and motivate	4
7.	Supervisory ability	4.5
8.	Interpersonal relations and team work	4
9.	Integrity and Trustworthiness	4
10.	General conduct	3.5

Total Reporting Officers Score (HOD) : 39.5

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

= 74.45

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty: Santhosha
Name of the assessed faculty: Dr. SANTHOSHA
Seal: Asst. Professor Radiation Oncology KMC No. 108573
Date:
Signature of the reporting officer:
Name of the reporting officer:

Seal:
Date: 28/3/25

PART –IV

To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	06	07	08	09	10
						✓			

Signature of the Reviewing Officer

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar.

Place: KOLAR

Date: 28/3/25

DR. K. PRABHAKAR
Name in Block Letters

PRINCIPAL & DEAN
Designation

(During the period of Report)

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"Towards Strategic Excellence: Enhancing Impact In Marketing Strategy And Management Research"

Dr. Rabichand Thongam[1*], Sowmya H A[2], Dr. Shital Gujarathi[3], Dr. Seram Sureshkumar Singh[4], Dr. Mansi Gupta[5], Dr.Santhosha Kulal[6]

[1]Faculty, Department of Vocational Studies and Skill Development, Manipur University, Email: rbthongam@gmail.com, 0009-0001-9147-7730*
[2]Assistant Professor, Bangalore City University, Karnataka, Email: edusowmyaharao@gmail.com
[3]Assistant Professor,CHMES Dr. Moonje Institute of Management and Computer Studies, Nashik
Email: shitalmgujarathi@gmail.com, 0009-0008-7896-7875
[4]Faculty of Tourism, Department of Vocational Studies and Skill Development, Manipur University.
Email: drskmeitei@manipuruniv.ac.in
[5]Model Institute of Engineering and Technology, Jammu, J&K, India
Email: ermansigupta@gmail.com
[6]Assistant Professor, Sri devraj urs Academy of Higher Education and Research and Sri Devraj urs medical college Tamara kolar Karnataka India, Email: dr.santhosha@sduaher.ac.in

Introduction: The integration of big data and artificial intelligence (AI) is reshaping marketing strategy and management, enhancing decision-making and competitive advantage. This study explores how these technologies contribute to strategic excellence in marketing.
Objective: To examine the impact of big data and AI on marketing effectiveness and to provide practical recommendations for improving strategy formulation and implementation.
Methods: A mixed-methods approach was employed, including a survey of 250 marketing professionals and semi-structured interviews with 15 experts. Quantitative data were analyzed using descriptive statistics and multiple regression, while qualitative data were examined through thematic analysis.
Results: The survey revealed that 82% of organizations use big data analytics and 70% employ AI technologies. Regression analysis demonstrated that both technologies significantly improve marketing effectiveness (big data: $\beta = 0.45$, $p < 0.001$; AI: $\beta = 0.38$, $p = 0.002$). Qualitative findings highlighted AI's role in enhancing personalization and identified data privacy and strategic alignment as key challenges. **Conclusion:** Big data and AI substantially boost marketing effectiveness, though challenges such as data privacy and alignment with business goals must be addressed. Future research should investigate emerging technologies like blockchain and augmented reality to further advance marketing strategies.

Keywords: Big Data, Artificial Intelligence, Marketing Effectiveness, Personalization, Strategic Alignment, Data Privacy

1. INTRODUCTION

In the context of the development of the discipline of marketing strategy and management, the use of contemporary technologies and methods of data analysis is an essential factor. The use of big data and AI is investigated to improve the decision making within the field of marketing and customer relations (Kumar et al. , 2016). Such technological enhancements make it possible for organizations to get better approaches towards achieving their goals and objectives, thereby increasing their chances of success and outcompeting their rivals (Wedel & Kannan, 2016).

Several opportunities have been observed where AI has applied in marketing with much success most notably in the area of customer experience and automation. Research shows that AI tools provide better customer insights, which can be useful in the effective management of marketing communication activities (Choi & Kim, 2019). The problem is that as companies implement such technologies into their operations, it is critical to meet new marketing expectations (Rust & Huang, 2014). As we are living in the world where business is increasingly becoming competitive, it is imperative to be aware of the latest technological developments. Marketing communication also enhances brand equity and aids the sustainability of the business (Keller, 2001). This understanding is essential in creating strategies that are unique and capable of being fitted into the market trends (Hunt & Morgan, 1995).

This research will aim at finding out how organizations can achieve strategic mastery in the use of contemporary trends and technologies in marketing strategy and management. Therefore, the purpose of the present research is to provide practical suggestions on the ways in which strategy formulation and implementation can be improved based on case evidence and empirical findings.

2. LITERATURE REVIEW

Marketing communication and management research has therefore changed over the years with the growing technology and the use of analytical tools. Several papers point out that big data and AI are at the heart of current and future marketing processes and initiatives.

2.1 The Impact of Big Data on Marketing Strategy

The emergence of big data has brought a lot of changes in the way organizations undertake marketing. Kumar et al. (2016) note that, through big data analytics, firms are able to make effective decisions from the large volume of information available to the them, and, in particular, to market their products more effectively. Through the consumer analytics, it is possible for the companies to fine tune the marketing strategies in order to satisfy and meet the consumers' needs and wants (Wedel & Kannan, 2016). This shift towards data driven decision making underlines the need to adopt advanced analytics as part of the formulation of the marketing strategies.

2.2 The Role of Artificial Intelligence in Marketing

AI has taken marketing strategies to further heights through improved customer relations through improved efficiency through the use of AI technologies. Choi and Ko (2018) explain how the application of artificial intelligence in the form of machine learning algorithms and natural language processing improves the customers' experience through the use of recommendation systems and chatbots. Marketing effectiveness and operational efficiency have also been reported to have been enhanced by AI's ability to analyze big data and to predict consumer behavior (Rust & Huang, 2014). With the rising use of AI technologies in organizations, there is the need to adjust for full optimization of these technologies.

2.3 Strategic Alignment and Brand Equity

Marketing goals and objectives they set should be in line with organizational objectives and with the market realities. For it is essential to sustain competitive advantage, as Keller (2003) underlines, building a high brand equity is a must. Marketing synchronization also enhances the position of brand identity and increases customer loyalty and sustainability. Hunt and Morgan (1995) further state that strategic alignment means that marketing actions have to be congruent with business goals and objectives and at the same time, are responsive to the changes in consumer behavior and market conditions.

2.4 Challenges and Opportunities in Marketing Strategy

Like any other integration of technologies, there are advantages and disadvantages of integrating big data and AI. Challenges include issues to do with data privacy and the fact that, often, specialized skills are required in order to analyze large and complex data (Lemon & Verhoef, 2016). Moreover, the technological advancement is fast and this means that marketing strategies have to be adjusted frequently (Kannan & Li, 2017). Nevertheless, the prospects for improving market efficiency and reaching the strategic apex of excellence with the help of technology are significant.

2.5 Future Directions in Marketing Strategy Research

3. Future research on marketing strategy should focus on exploring how advanced technologies such as blockchain and augmented reality can revolutionize marketing. Blockchain, for example, has the potential of increasing the levels of transparency and therefore, trust in digital advertising (Marr, 2020). Also, augmented reality might redefine consumer engagement with the help of engaging, interactive experiences (Pantano & Gandini, 2017). As such, knowledge of these technologies is crucial for the development of innovative and effective marketing strategies that will capture the new demand and technological trends.
4. To sum up, the integration of big data and AI has a great impact on marketing strategy and management. Marketing also becomes dynamic as the use of technology in the business increases, organizations need to be prepared to change their strategies. Future research should look at how these new technologies can be deployed in order to gain strategic advantage and sustain a competitive advantage.

5. METHODOLOGY

This research employs both quantitative and qualitative research to establish how organisations can achieve strategic marketing strategy and management. This research adopts

both quantitative and qualitative research approaches, and the analysis provides insights into the modern practices, technologies, and their impact on marketing performance.

3.1 Research Design

A sequential explanatory mixed-methods design was employed whereby the quantitative data was collected and analyzed before the qualitative data was collected and analyzed with a view of explaining and enriching the findings of the quantitative data (Creswell & Plano Clark, 2017). This approach enables a strong analysis of the application of big data and AI in the marketing plans.

3.2 Data Collection

3.2.1 Quantitative Data

Surveys were conducted online targeting the marketing professionals of different organizations. The survey was meant to provide information on the use of big data analytics and AI in the marketing plans. The questions covered in the survey instrument were on the level of technology adoption, perceived benefits and the problems encountered. The survey was developed using the items from previous studies in the related field (Netemeyer et al. , 2003; Nunnally & Bernstein, 1994). In all, 250 responses were gathered, giving a representative view of the range of marketing and technological activity.

3.2.2 Qualitative Data

The data for this study were collected from 15 professionals from the field of marketing executives and the technological field through semi-structured interviews. The purpose was to get more information about their experiences and perceptions of big data and AI in the context of marketing. The interview guide was developed from themes in the literature and was pilot tested for both face and content validity (Gubrium & Holstein, 2001). The interviews were audio-taped, transcribed and coded thematically in order to determine the most frequent themes and patterns.

3.3 Data Analysis

3.3.1 Quantitative Analysis

Quantitative data analysis included both descriptive and inferential statistics. Survey data was described by frequency distribution and measures of central tendencies. To test the hypothesis that there is a correlation between the use of technology in marketing and the effectiveness of the marketing communication, statistical testing such as multiple regression analysis was conducted (Hair et al. , 2019). Data analysis was done with the help of the software called SPSS, the version used was 28.

3.3.2 Qualitative Analysis

The study adopted thematic analysis as outlined by Braun and Clarke (2006) in the analysis of the qualitative data. This entailed analyse the interview data, emerging patterns and themes and provide an analysis of the findings in light of the objectives of the study. Specifically, the qualitative data was managed and analysed by using NVivo software, version 12.

3.4 Validity and Reliability

To enhance the credibility, dependability, transferability and quality of the results the following techniques were used. This survey instrument was pre-tested to check and to ensure that the questions set and clarity of the questions were appropriate. For the interviews, a pilot study was done on the interview protocol that was to be used. This paper has also used data triangulation where data from both quantitative and qualitative sources is used to cross check the findings hence enhancing the validity and reliability of the research findings (Denzin, 1978). Further, peer debriefing and member checking were employed to increase credibility of the qualitative data.

3.5 Ethical Considerations

The institutional review board approval was sought before data collection in this study. The participants' consent was sought, and they were informed of the anonymity of the study. To ensure confidentiality of the participants, the data collected were anonymized and saved securely.

6. RESULTS AND DISCUSSIONS

4.1 Quantitative Results

4.1.1 Survey Respondent Demographics

The survey was conducted on 250 marketing professionals across various sectors. The demographics were as follows: retail 30%, technology 24%, financial services 18%, health care 16 %, and other 12%. This way, the respondents' sample is diverse, and the results provide a general picture of the current marketing practices and the use of technologies.

Table 1: Survey Respondent Demographics

Demographic Category	Frequency	Percentage
Industry		
Retail	**75**	**30%**
Technology	**60**	**24%**
Financial Services	**45**	**18%**
Healthcare	**40**	**16%**
Other	**30**	**12%**
Total	**250**	**100%**

The table illustrates the distribution of survey respondents by industry: Retail, 30% Technology, 24% Financial Services, 18% Healthcare, 16% and Other 12%. Preliminary, a total of 250 respondents were selected and the study covered a wide range of sectors in the country.

4.1.2 Adoption Rates of Big Data and AI Technologies

The survey shows that organizations are using big data and AI technologies in their operations. Particularly, 82% of the participants utilize the big data analytics, 70% use AI to support their marketing activities, and 60% use both tools. This is a clear pointer to another emerging trend where firms are seeking to apply state-of-the-art technologies to improve marketing communications and decision making.

Table 2: Adoption Rates of Big Data and AI Technologies

Technology	Adoption Rate (%)
Big Data Analytics	82%
AI Technologies	70%
Both	60%

The table reveals that big data analytics have been adopted by 82% of the organizations, AI technologies by 70% and a combined use of both by 60%. This shows that the advanced technologies are currently being adopted in marketing with a significant number of firms using big data and AI to support their marketing efforts.

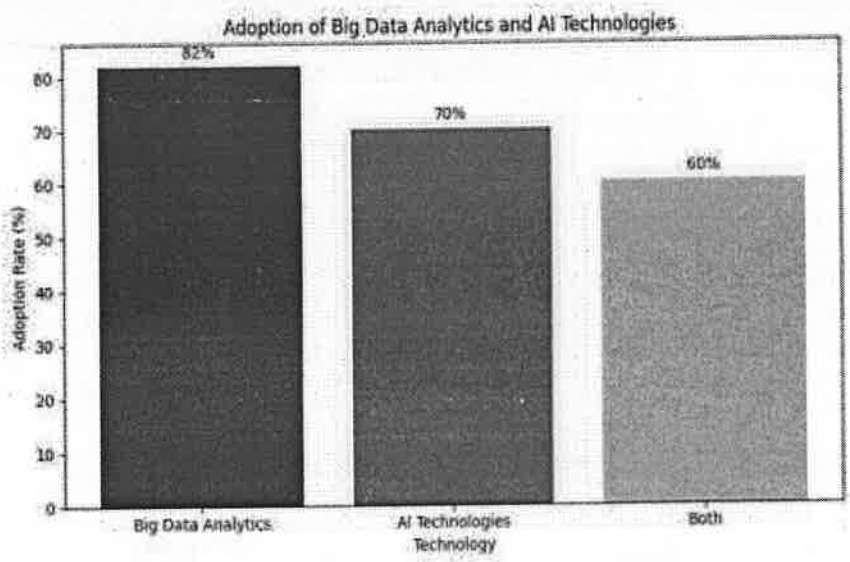

Figure 1: Adoption of Big Data Analytics and AI Technologies

The bar chart below displays the level of organization's adoption of big data analytics and the AI technologies. From the statistics, 82% of organizations reported that they employ big data analytics to improve marketing, and 70% use artificial intelligence technologies with 60% incorporating both.

4.1.3 Impact on Marketing Effectiveness

The regression analysis reveals that big data analytics and AI technologies have a significant and positive impact on marketing effectiveness. In particular, the use of big data has a very strong correlation with an increase in effectiveness with a coefficient of 0. 45 ($p < 0.001$), the use of AI also increases effectiveness by 0. 38 ($p = 0.002$). This means that the use of these technologies increases marketing performance because it helps in targeting, personalization, and the overall effectiveness of the marketing strategy, thus, underlining the significance of these technologies in the improvement of the marketing process.

Table 3: Multiple Regression Analysis of AI Adoption on Marketing Effectiveness

Variable	Coefficient	Standard Error	t-Statistic	p-Value
Big Data Adoption	0.45	0.10	4.50	<0.001
AI Adoption	0.38	0.12	3.17	0.002
Company Size (Control)	0.22	0.08	2.75	0.007
R-squared	0.65			
Adjusted R-squared	0.62			

The following table illustrates the regression analysis with big data adoption having a positive predictor coefficient of 0. 45, $p < 0.001$ and AI adoption coefficient of 0. 38, $p = 0.002$ in predicting the marketing effectiveness. Company size also has a positive impact (coefficient = 0. 22, $p = 0.007$). The model accounts for 65 per cent of the variation in marketing effectiveness (R-squared = 0. 65, Adjusted R-squared = 0. 62).

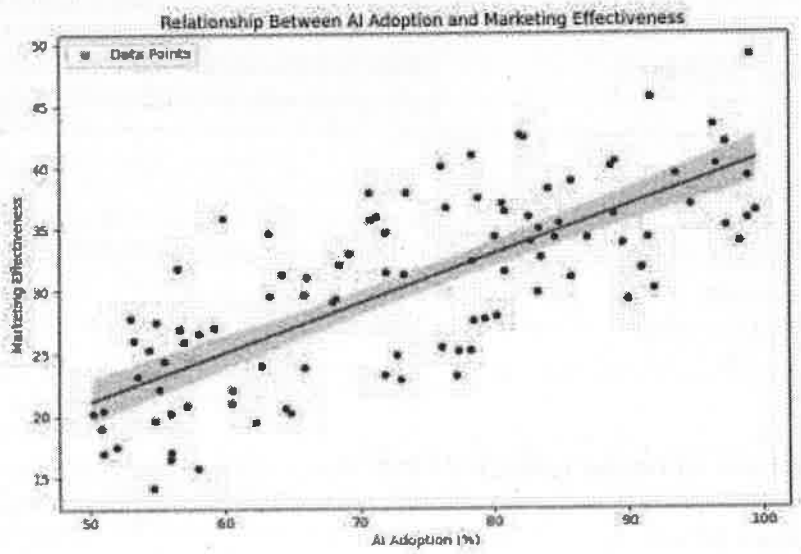

Figure 2: Relationship Between AI Adoption and Marketing Effectiveness

The following scatter plot shows the relationship between the rate of adoption of AI and the level of marketing efficiency. Data points represent the relationship, with a red trend line illustrating the general upward trend: what is evident, however, is that as the uptake of AI grows, marketing performance generally enhance, which is a positive sign of the impact of AI technologies in marketing.

4.2 Qualitative Results

4.2.1 Key Themes from Interviews

From the interviews conducted with the marketing executives and technology specialists, the qualitative analysis revealed the following three themes. First of all, AI technologies contribute a lot to customer personalization and interaction. Secondly, issues of data privacy present themselves as a problem in the adoptions of big data and AI solutions. Finally, the integration of technologies in a business setting requires the synchronization of the implementation of the technologies with the overall corporate goals. Such themes include; how AI enhances marketing approaches, the call for privacy concerns, and the proper integration of technologies for effectiveness.

Table 4: Key Themes from Qualitative Analysis

Theme	Description
Personalization	AI technologies enhance customer engagement through personalized recommendations and interactions.
Data Privacy Concerns	Data privacy and security are major challenges in implementing big data and AI solutions.
Strategic Alignment	Successful integration of technology requires alignment with overall business objectives.

The table outlines three key themes:
Personalization—AI enhances customer engagement with tailored recommendations
Data Privacy Concerns—privacy and security challenges hinder big data and AI implementation
Strategic Alignment—effective technology integration necessitates alignment with broader business goals.

Discussion

- **Adoption and Impact of Big Data and AI**

The survey reveals that the use of big data analytics is fairly high with 82% and AI technologies are used by 70% of the respondents. The regression analysis confirms that both

big data and AI adoption positively impact marketing effectiveness, with significant coefficients (big data: The adjusted associations were as follows: for the total score, $\beta = 0.45$, $p < 0.001$; for the AI, $\beta = 0.38$, $p = 0.002$. This discovery is evidence of the premise that incorporating advanced technologies into marketing initiatives raises organizational effectiveness.

•Personalization and Customer Experience

The qualitative findings show that AI technologies greatly enhance customer personalisation, a fact supported by prior studies showing that AI can help enrich customer experiences and engagement by delivering more specific and relevant content (Choi & Ko, 2018). Marketing communications tailored to the specific customer is likely to result in higher customer interest and satisfaction.

•Challenges and Strategic Alignment

Probably the biggest issue is data privacy and the second one is the requirement of expertise to implement big data and AI solutions. These results are in line with earlier literature that states that data privacy issues are one of the key challenges in the digital world (Lemon & Verhoef, 2016). Furthermore, the role of the strategic alignment model is supported, which states that technology should not be implemented in isolation, but rather should be incorporated into the overall organisational strategy in order to gain the greatest benefits (Keller, 2003).

• Future Research Directions

Further research should be conducted on new trends like Blockchain and Augmented reality as they are likely to revolutionize marketing even further. Studying these technologies might offer understanding of the effects of these technologies on marketing outcomes and strategic performance.

7. CONCLUSION

In this paper, the focus is on the role of big data and artificial intelligence in the current and future marketing landscape. The present findings indicate that big data analytics is adopted by 82% of organizations and AI by 70%. As for big data and AI, both are discovered to increase marketing effectiveness, which provides evidence for the enhancement of performance through integration. There are some qualitative findings that AI enhances customer targeting and interactions, but there are concerns such as data security and AI alignment. The management of these technologies has to be done in such a way that they support the goals of the business for effectiveness in strategic management. Subsequent studies should explore the other current and future advancements like the blockchain and augmented reality with an aim of discovering their relevance in marketing. This continuous research is essential for the creation of such new strategies that will fit in the existing technology and the ever-evolving consumer needs.

6. REFERENCES

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Sri Devraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from ..January 2024.. to ..December 2024

Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member (in Capital Letters) Dr. VAISHNAVI .BV

2. Designation - ASSISTANT . PROFESSOR

3. Date of Birth - 13/7/1991

4. Educational Qualifications including professional and technical qualifications (Mention if any additional qualification has been acquired during the year under review)

MBBS, MD(DVL)

5. Date of continuous appointment in the Academy : 12/10/2022

6. Date of appointment to the present post : 9/11/2023

7. Date of confirmation with the designation of the Post in which confirmed : 9/11/2023

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	01 days	Loss of pay leave (LWP)	1.5 days
Earned leave	06 days	Maternity leave	0 days
Special Causal leave	5 days	Others (specify) CCL	6 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

SPCL (15) - 05 = 10 days
CL (14) - 14 = NIL
EL (23) - 06 = 17 days

Signature of Establishment Department Clerk Filling Part-I details Est

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD Jan 2024 TO Dec 2024

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year MBBS, MD (OVL)

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical) 771 hours. (No theory) Scheduled.

3. Teaching load mentioned in Time Table in hours for **me** (Lectures +Tutorials & Practical)

147 hours.

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	**4. b)** Practical periods taken	Shortfall (from 2 & 4.b)
Not Scheduled	–	147 hours.	–

5. Reasons for shortfall, if any, in Lectures and practical taken.

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered	10	
		05 – 90% - 95%		
2.	Interdepartmental teaching programs	05 – as Moderator	–	
3.	Mentorship provided to students	05 points if mentor	5	
4.	Any visiting Professorship	20 points	–	
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered	5	
6.	Student Feed Back	20 - 95th to 100th centile	15	
		15 - <95th to 90th centile		
		10 - <90th to 85th centile		
		05 - <85th centile		
7.	Participation in Departmental PG teaching programs	15 – >95% participation	15	
		10 - 95% to 90% participation		
8.	Production of teaching manual/technical manual	20 points	20	
9.	Clinical Teaching Exercises	15 – >95% conducted	15	
		10 - 95% - 90% conducted		

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20	–	
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local	17	
Developing E-learning resources	20 (complete content development in 4 quadrant)	20	
Developing MOOCS resources	30 (complete content development in 4 quadrant)		
Contribution to development of MOOCS/e-content module (at least one quadrant)	05		
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I = 122

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing** - Nil

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04		
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02		
UG – STS project	04			

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10		
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant -sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy - Nil

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***
							40+10=50

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* Points to Augment

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II = 50

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique	-	
3.	On Call duties done	15 – >95% of allotted	15	
		10 – 90 to 95% allotted		
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program	-	
5.	Procedures/Surgeries performed	10 – >95% of allotted	10	
		05 - 90 to 95% allotted		
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established	-	
7.	Interdisciplinary clinical treatment systems established	10 for each new program established	-	
8.	Development of new care models/ care delivery methods	10 for each new model/method	-	
9.	Contribution in Quality and Safety of patient care delivery	15 points	15	

Total Score for III = 50

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05	5	
Sports activities	05	5	
Community and Extension services	05	5	
Administrative assignments	15	15	

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD
IADVL, ACSI, BDS KMC	4 x 5	20	

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD
R&D member	10		
VRAB member	10		
CEC member	10	50	
Magazine Committe co-editor	10		
Department Registrar	10		

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of IV = 100

122 x 0.3 + 50 x 0.3 + 50 x 0.3 + 100 x 0.1.

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 = 76.6

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

Faculty Signature Vaishnavi **Name in Block letters** Dr VAISHNAVI. BV

Place KOLAR **Designation** ASSISTANT PROFESSOR

Date: 7/3/25

PART III

Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: ~~Dr.~~ RAJASHEKAR. T S

Designation of the Reporting Officer: Prof & HOD

Length of service under the reporting officer: 2 YEARS 6 MONTHS

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
5	4	3	2	1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	3
2.	Quality of output	4
3.	Communication skills (Oral and written)	3
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	4
5.	Aptitude to work	4
6.	Ability to inspire and motivate	3
7.	Supervisory ability	3
8.	Interpersonal relations and team work	4
9.	Integrity and Trustworthiness	4
10.	General conduct	3

Total Reporting Officers Score (HOD) : 35

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

76.6 + 35 = 111.0

Outstanding – 91st to 100th centile

Very Good – 81st to 90th centile

Good – 61st to 80th centile

Satisfactory – 51st to 60th centile

Unsatisfactory - <50th centile

Signature of the assessed faculty:

Name of the assessed faculty:

Seal:

Date:

Signature of the reporting officer:
Name of the reporting officer: DR. RAJASHEKAR .T.S
Professor & HOD
Dept. of Dermatology
SDUMC, Tamaka, Kolar.

Seal:
Date: 10/3/25

PART –IV

To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10
						✓			

Signature of the Reviewing Officer
Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

Place: KOLAR

Date:

DR. K. PRABHAKAR
Name in Block Letters

PRINCIPAL & DEAN
Designation
(During the period of Report)

Comparison of Q-Switched Nd:YAG LASER with 10% Azelaic Acid versus Fractional CO2 LASER with 10% Azelaic Acid in the treatment of Post Inflammatory Hyperpigmentation secondary to Acne

Sumedha Tirthani[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1]

[1]*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka,* India.

Corresponding Author: Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS
Post-inflammatory hyperpigmentation, Acne vulgaris, Q-switched Nd:YAGlaser, Fractional CO2 laser, Azelaic acid

ABSTRACT

Background:
Post inflammatory hyperpigmentation (PIH) secondary to acne is a common undesirable sequela following acne that leads to psychological distress and a sense of incomplete treatment among the patients with acne. Few studies have been done in regard to address this condition, and no definite treatment or clear ranking of treatment modalities is available as of yet.

Aims:
The aim of our study was to assess and compare the efficacy and safety of 1,064-nm Q-switched neodymium-doped yttrium aluminum garnet (QSNY) laser with 10% azelaic acid versus Fractional carbon dioxide (FCO2) laser with 10% azelaic acid in the treatment of post acne pigmentation.

Materials and Methods:
Seventy patients with PIH secondary to acne were recruited in this study. The patients were randomized into two groups, Group A and Group B, of thirty-five patients each. Patients in group A underwent QSNY laser, while Group B received FCO2 laser. 10% azelaic acid cream was administered to both groups. Both groups received a total of 5 treatment sessions, with 3 weeks interval between each setting. The efficacy and safety of both modalities were assessed using the quartile grading score(QGS), post acne hyperpigmentationindex(PAHPI), patient satisfaction score, and documentation of adverse effects.

Results:
At the end of five sessions, significant improvement in QGS, PAHPI and patient satisfaction ($P < 0.001$, respectively) was seen in both groups. The mean PAHPI significantly reduced after the third setting and was followed by drastic reduction in the following settings. However, significantly superior results were noted in Group A with respect to all assessments. Side effects noted were mild and transient, except two patients of Group B who developed further pigmentation over the treatment areas.

Conclusion:
This study shows that both QSNY laser and FCO2 laser can be used to treat post-acne pigmentation; however, QSNY laser should be preferred with respect to efficacy and safety, especially in the Indian population, owing to the higher risk of pigmentation following FCO2 laser.

INTRODUCTION

Postinflammatory hyperpigmentation (PIH) is a typical sequela seen in the Indian population following affliction by acne. Patients may experience significant psychological effects from PIH resulting in decreased quality of life

There is a rising concern regarding its treatment among the patients that initially present with acne but remain dissatisfied if the hyperpigmentation remains unaddressed.[1]

Due to higher epidermal melanin content in patients with darker phenotypes, treatment of post-acne hyperpigmentation can be achallenge. Numerous approaches to treating PIH have been proposed, such as topical keratolytics, retinoids, corticosteroids, and depigmenting agents, chemical peels; and several types of lasers.[2] Nevertheless, there is no clear ranking of these therapies or a proven consistently effective modality according to patient satisfaction and clinical effectiveness. Only a few studies on the treatment of acne-

ORIGINAL RESEARCH PAPER

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INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

TOPICAL 0.5% BAKUCHIOL VS FACIAL EXERCISES IN IMPROVING THE SIGNS OF FACIAL AGEING. A RANDOMISED CONTROL TRIAL.

Dermatology

Dr. Hariharasubramanian M Postgraduate.

Dr. Rajashekar T. S* Professor & HOD. *Corresponding Author

Dr. Suresh Kumar K Associate Professor.

Dr. Hanumanthayya K Professor.

Dr. Vaishnavi B. V Assistant Professor.

Dr. Madhukiran C Senior Resident.

ABSTRACT

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is well known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face. The goal of this study is to compare the efficacy of bakuchiol to facial exercises in treating common signs of cutaneous aging.

KEYWORDS

bakuchiol, facial exercises, wrinkles

INTRODUCTION

The natural process of aging is characterized by wrinkles, folds, ridges, and pigmentation in the skin that arise from factors such as photo exposure, dehydration, and body mass loss. As people age, their skin becomes thinner, less elastic, wrinkled, unevenly pigmented, and has irregular textures[1]. Both endogenous (gene mutation, cellular metabolism, and hormones) and exogenous (UV, pollution, chemicals, and toxins) factors contribute to the aging process of the skin. Every year, the synthesis of collagen and elastin in the skin declines by 1%, causing connective tissue to become disorganized and giving rise to wrinkles. Different anti-aging strategies exist. Botanical products have been the cornerstone of medicine for ages. The seeds of the Indian plant Psoralea corylifolia (Babchi) are the primary source of bakuchiol, a pure meroterpene phenol. It possesses antioxidant, anti-inflammatory, anti-proliferative, and anti-acne properties. It is known to significantly enhance firmness, pigmentation, and wrinkles. By stimulating underlying muscle growth, which has recently piqued interest in the community, facial exercise can also revitalize the aging face[2]. This study compares the effectiveness of face workouts with bakuchiol in addressing common cutaneous aging indicators. The objective of this study was to compare the efficacy of topical 0.5% bakuchiol and facial exercises in reversing the cutaneous signs of facial ageing.

All the individuals aged 40-55 years presenting with signs of cutaneous facial ageing such as creases, wrinkles and folds (Forehead Lines, Crow's Lines, Marionette Lines, Glabellar Frown Lines,) to the Department of Dermatology in R L Jalappa Hospital and Research Centre attached to Sri Devaraj Urs Medical College, Tamaka, Kolar were evaluated and randomised into Group A or Group B. Group A patients after a complete cutaneous examination were adviced to apply few drops of Topical 0.5% Bakuchiol everyday overnight for fourteen weeks over the wrinkles. Patients of this group were advised to follow-up every month and assessed using Daniil scale.The cost for the required molecule was borne by the principal investigator. Group B patients after a complete physical examination were taught a set of 6 facial exercises [(1) lifting the eyebrows and frowning the forehead, (2) approximating the eye-brows, (3) closing the eyes with strength, (4) protruding the lips, (5) spreading the lips, and (6) contracting the right and left cheek against resistance] and advised to follow the routine on a daily basis for fourteen weeks. Patients of this group were advised to follow-up every month and assessed using Daniil scale. Patients with congenital disorders or malformation, facial palsy, traumatic scars and who are not giving consent for the participation were excluded.

Based on survey of previous literature for an outcome variable on proportion of clinical grading 59% vs 34% in two different groups the minimum difference of 25% to attain significance at type I error (α error) of at least 5%, Type II error (β error) at 10% and keeping statistical power above 90%, the sample size of 42 (21+21) is adequate for two group assessment clinical study after adjusting for lost-to-follow up, dropout rates and withdrawals. Chi-Square test, Fisher exact test, student t test or any other suitable method at the time of data analysis were used for statistical analysis. SPSS 22.0, R Environment, MedCalc, MS Excel and Word were the softwares used.

RESULTS

In our study 42 participants were enrolled. All the patients enrolled were between the age of 40-55 years in which the mean age of the patients in Group A was 50.476 ± 2.620 and Group B was 51.00 ± 2.324. Out of the 42 participants enrolled in Group A there were 11 females and 10 males whereas Group B consisted of 9 females and 12 males. In total there were 20 females and 22 males enrolled.

Both bakuchiol and facial exercises significantly reduced the surface area involvement of forehead wrinkles when compared to baseline. Notably, significant changes from baseline were noted at the fourteen week time point. There was a significant difference in the reduction of length of the wrinkle between the two groups. Group A patients who used Topical 0.5% bakuchiol the reduction in the mean length of the forehead wrinkle was 2.243 whereas in Group B it was 1.436. This was statistically significant ($p<0.05$). In Group A patients there was a reduction in the mean length of glabellar frown lines by 1.848 cm and in Group B the reduction in the mean length was 0.993 cm which was found to be statistically significant ($p<0.05$). When compared to baseline, bakuchiol and facial exercises both significantly decreased the surface area involvement of crow's feet wrinkles. Significant

Effects Of Chemical Treatments On The Hair Shaft And Scalp – A Clinico Epidemological Study

Shiva Saadhvi[1], Rajashekar Talari Srinivas[1], Suresh Kumar Kuppuswamy[1], Hanumanthayya Keloji[1], Vaishnavi Bindumalyam Venkatesh[1], Madhu Kiran Chandrashekar[1].

[1]Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India
[1]mshivasaadhvi@gmail.com; [2]yeshits@rediffmail.com; [3]s

***Corresponding Author:** Dr. Rajashekar Talari Srinivas
*Department of Dermatology Venereology and Leprosy, Sri Devaraj Urs Medical College, Kolar, Karnataka, India.Phone: (+91) 9448316136, Email: yeshits@rediffmail.com

KEYWORDS

Hair Straightening

Hair colouring

Perming

ABSTRACT

Background: The medulla, cortex, and cuticle are the three keratin-containing layers that make up the hair shaft. Cysteine residues are abundant in keratin proteins. Tightly bound disulphide bridges and other connections like Van der Waals, hydrogen, and salt bonds allow adjacent keratin chains to link.

Progressive or permanent chemical straightening, hair perming, or colouring can alter the shape and form of the hair shaft. In general, hair straightening affects the cuticles, hydrogen bonding, and the cortical amino acid tyrosine. It straightens hair by changing the shape of the disulphide bridges and creating a polymerised structure in the hair shaft, rather than breaking them.

The substances used in oxidative (permanent) and non-oxidative (semi-permanent and temporary) hair colourants differ greatly. As a result, different hair dyes have distinct ways of being manipulated. While permanent hair perming transforms straight hair into curly hair by breaking and reconstructing the hair disulphide bond, permanent hair dyes bleach and add a new colour to hair by penetrating tiny dye precursors into the cortex and then oxidising them.

Methodology: A Clinico-epidemiological study conducted to determine the efficacy of chemical treatments like hair straightening, colouring and perming of hair on the hair shaft and scalp on a total 114 subjects. They were evaluated based on detailed history and examination, including the type of chemical treatment, duration of the treatment and any adverse effects present over the hair scalp and shaft during or post the chemical treatment. The hair scalp and shaft was examined both clinically and dermoscopically. The side effects noted, clinical photographs were taken using Iphone 14 Pro max.
Statistical analysis- by co-guide software.
Results: In our study total of 116 participants, the most common chemical treatment undergone was hair colouring which was about 48.7% followed by hair straightening (39.8%) and perming in 12.4%. Females were more prevalent in our study constituting about 58.6%. All the chemical treatments had their own side effects, but dryness and hair fall were prevalent among all three groups. Dermoscopy changes like perifollicular scaling and black dots were most commonly seen in patients who had undergone hair straightening, whereas pigment deposition was seen more in patients who had coloured their hair and red dots were more seen in patients who permed their hair.
Conclusions: This analysis underscores the complex interactions between chemical hair treatments and their effects on the hair shaft and scalp. While these treatments offer aesthetic benefits, they can significantly impact hair integrity and scalp health, emphasizing the need for cautious application and proper aftercare. Enhanced understanding through clinical and dermoscopic evaluations allows for informed decisions regarding hair treatment practices, encouraging an approach that balances aesthetic desires with health considerations

INTRODUCTION

The human pursuit of beauty and self-expression has led to the widespread adoption of various hair treatments, creating a substantial market for products designed to alter hair appearance. Chemical treatments—namely hair straightening, colouring, and perming—occupy significant niches within

PATRONS
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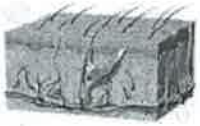
Dr. Y Sushmitha Reddy	

For Assistance Contact:
Dr. Madhu Kiran. C
Mob No. 7760508809
Email Id: drmadhukiranmalur@gmail.com

Dr. Akshata Yadav .S
Mob No: 9483145396
Email Id: akshatayadav453@gmail.com

Dr. Swathi G Shenoy
Mob No: 9731312695
Email Id: swati29shenoy@gmail.com



DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

SRI DEVARAJ URS MEDICAL COLLEGE
Constituent college of
Sri Devaraj Urs Academy Of Higher Education And Research
TAMAKA, KOLAR.

Presents

REGIONAL CME ON

"PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES"

FRIDAY, 04TH OCTOBER 2024
Time: 9am to 1.30 pm Venue: William Osler Hall 1st floor, SDUMC.

WITH BEST COMPLIMENTS FROM,
Organizing Chairman
DR. RAJASHEKAR T.S.

INVITATION

Dear Sir/Madam,

The Department of Dermatology, Sri Devaraj Urs Medical College, Kolar, invites you to attend our Webinar **CME on PERIPHERAL NERVOUS SYSTEM AND LEPROSY: UNMASKING HIDDEN CLUES".**

Join us for an enlightening CME on the impact of leprosy on peripheral nerves. We will delve into how changes in nerve function can reveal critical insights into the disease's progression. This CME will provide valuable information on early detection methods and discuss advanced strategies for improving treatment outcomes. Don't miss this opportunity to deepen your understanding and contribute to better management of Leprosy.

With warm regards,
Organizing Committee

Registration Link for CME:
KMC accredited with one Credit hour
(LAST DATE FOR REGISTRATION-30/09/2024)

https://shorturl.at/pCHoB

Registration Fee-Rs.100/- Scan to Pay:

PROGRAMME

LECTURE-1
9:00 a.m. to 9:40 a.m.
Examination of peripheral Nerves in Leprosy & Clinical Signs of Neuritis
Speaker: Dr. Nanda Kishore. B
Former Professor & HOD,
Department of Dermatology,
Father Muller Medical College,
Mangaluru.

INAUGURATION:
9:40 am to 10:10 am

LECTURE-2
10:10 a.m. to 10:40 a.m.
Pathogenesis & Pathology of Neuritis in Leprosy
Speaker: Dr. A S Ramaswamy
Professor & HOD,
Department of Pathology,
PES Institute of Medical Sciences & Research, Kuppam.

TEA BREAK:
10.40 am to 11.00 am

LECTURE-3
11:00 a.m. to 11:30 a.m.
All the Thickened Nerves are not due to Leprosy
Speaker: Dr. Nithin Kumar N
Chief Neurologist, Fortis Hospital,
Bengaluru.

LECTURE-4
11.30 a.m. to 12.00 p.m.
Indications & Biopsy techniques of peripheral nerves in Leprosy
Speaker: Dr. Varsha M
Senior Resident,
Department of Dermatology,
Kempegowda Institute of Medical Sciences,
Bengaluru.

LECTURE-5
12.00 p.m. to 12:30 p.m
Prevention of Neuritis – To add a note on Pure Neuritic Leprosy
Speaker: Dr. Ashwini P K
Associate Professor,
Department of Dermatology,
JSS Medical College, Mysuru.

LECTURE-6
12.30 p.m. to 1:00 p.m
Deformities and Disabilities in Leprosy
Speaker: Dr. G V Seethalakshmi
Professor & HOD,
Department of Dermatology,
Vinayaka Missions Kirupananda Variyar Medical College, Salem.

Q&A SESSION
1:00 p.m. to 1.10 p.m.

VOTE OF THANKS
1:10 p.m. to 1:20 p.m.

Followed by Lunch

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Customized Cadaveric Certificate Courses
Focused Training on Injectables
held on 12th – 14th April 2024 in Bengaluru, India

Dr. Ben Chan
MBBS, Fellow of Australasian College of Aesthetic Medicine Cosmetic Physicians of Australasia - Cosmetic Dermatology

Dr. Sanjay C Desai
Director
Ramaiah Advanced Learning Center
Bengaluru

Dr. Malavika Kohli
MENTOR
DiAS, Academy for Dermatologists
Mumbai

Dr. Anil Ganjoo
MENTOR
DiAS, Academy for Dermatologists
Delhi

Dr. Anurag Tiwari
MENTOR
DiAS, Academy for Dermatologists
Bhopal

Dr. Kalpana Sarangi
MENTOR
DiAS, Academy for Dermatologists
Mumbai

Dr. Amit Luthra
MENTOR
DiAS, Academy for Dermatologists
Delhi

Dr. Neeraj Pandey
MENTOR
DiAS, Academy for Dermatologists
Lucknow

Dr. Sachin Dhawan
MENTOR
DiAS, Academy for Dermatologists
Gurgaon

Dr. Vipul Gupta
4Cs EVENT COORDINATOR
DiAS, Academy for Dermatologists
Lucknow

Dr. Rajat Kandhari
GUEST MENTOR
DiAS, Academy for Dermatologists
New Delhi

Dr. Sukesh MS
Chief Coordinator
DiAS
Bengaluru

Dr. Aneesh
Chief Coordinator
DiAS
Bengaluru

Sri Devaraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Paraclinical & Clinical Sciences
For the Period from …….. to …….

Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member
(in Capital Letters)

2. Designation

3. Date of Birth

4. Educational Qualifications including professional and technical qualifications
(Mention if any additional qualification has been acquired during the year under review)

5. Date of continuous appointment in the Academy

6. Date of appointment to the present post

7. Date of confirmation with the designation of the Post in which confirmed

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	days	Medical leave	days
Duty leave	days	Loss of pay leave (LWP)	days
Earned leave	days	Maternity leave	days
Special Causal leave	days	Others (specify)	days

Total Leave Available – Total Leave Availed = Total Leave at Credit

Signature of Establishment Department Clerk Filling Part-I details

Name of Establishment Department Clerk Filling Part-I details

Part –II

SELF ASSESSMENT REPORT

FOR PERIOD _____ TO _____

(To be filled by the Teacher)

I. TEACHING & TRAINING :

1. Name of the Courses taught during the year

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures +Tutorials & Practical)

3. Teaching load mentioned in Time Table in hours for **me** (Lectures +Tutorials & Practical)

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	**4. b)** Practical periods taken	Shortfall (from 2 & 4.b)
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5. Reasons for shortfall, if any, in Lectures and practical taken.

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD

7. Teaching Parameters

Sl. No.	Parameters	Points Available	Points Claimed	HOD points
1.	Didactic lectures delivered	10 – >95%delivered		
		05 – 90% - 95%		
2.	Interdepartmental teaching programs	05 – as Moderator		
3.	Mentorship provided to students	05 points if mentor		
4.	Any visiting Professorship	20 points		
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered		
6.	Student Feed Back	20 - 95th to 100th centile		
		15 - <95th to 90th centile		
		10 - <90th to 85th centile		
		05 - <85th centile		
7.	Participation in Departmental PG teaching programs	15 – >95% participation		
		10 - 95% to 90% participation		
8.	Production of teaching manual/technical manual	20 points		
9.	Clinical Teaching Exercises	15 – >95% conducted		
		10 - 95% - 90% conducted		

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20		
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local		
Developing E-learning resources	20 (complete content development in 4 quadrant)		
Developing MOOCS resources	30 (complete content development in 4 quadrant)		
Contribution to development of MOOCS/e-content module (at least one quadrant)	05		
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I =

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04		
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02		
UG – STS project	04			

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10		
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals. Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***

MANDATORY –
Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

* **Points to Augment**

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II =

III. PATIENT CARE /SERVICE DELIVERY

Sl.No.	Parameters	Points Available	Points Claimed	HOD points
1.	OPD clinics/Diagnostic Labs attended	10 – >95% of allotted 05 - 90 to 95% allotted		
2.	New Diagnostic/Clinical Technique introduced	10 for each new technique		
3.	On Call duties done	15 – >95% of allotted 10 – 90 to 95% allotted		
4.	New services started/Creation of disease management programs/algorithms	10 for each new service/program		
5.	Procedures/Surgeries performed	10 – >95% of allotted 05 - 90 to 95% allotted		
6.	Destination Programs established (High excellence skilled clinical treatment/diagnostic centers)	15 for each new destination program established		
7.	Interdisciplinary clinical treatment systems established	10 for each new program established		
8.	Development of new care models/ care delivery methods	10 for each new model/method		
9.	Contribution in Quality and Safety of patient care delivery	15 points		

Total Score for III =

IV. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed	Points Confirmed HOD
Cultural activities	05		
Sports activities	05		
Community and Extension services	05		
Administrative assignments	15		

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed	Points confirmed HOD

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed	Points confirmed HOD

4. Awards and recognition received for extension activities

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of IV =

Total Self-Assessment Score – I x 0.3 + II x 0.3 + III x 0.3 + IV x 0.1 =

Explanation – For Clinical & Paraclinical Sciences faculty the weightage for Teaching & Training is 30%, for Research, Innovation & Consultancy is 30%, for Patient care/Srevice delivery is 30% and Campus/Corporate Activity is 10%

Faculty Signature **Name in Block letters**

Place **Designation**

Date:

PART III
Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: ……..

Designation of the Reporting Officer: ……..

Length of service under the reporting officer:

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	**Very Good**	**Good**	**Satisfactory**	**Unsatisfactory**
5	**4**	**3**	**2**	**1**

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.
In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)
Assessment on Five Point scale

1.	Knowledge in the sphere of work	
2.	Quality of output	
3.	Communication skills (Oral and written)	
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	
5.	Aptitude to work	
6.	Ability to inspire and motivate	
7.	Supervisory ability	
8.	Interpersonal relations and team work	
9.	Integrity and Trustworthiness	
10.	General conduct	

Total Reporting Officers Score (HOD) : _____

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty:
Name of the assessed faculty:
Seal:
Date:

Signature of the reporting officer:
Name of the reporting officer:

Seal:
Date:

PART –IV
To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10

Signature of the Reviewing Officer

Place: Name in Block Letters

Date: Designation
(During the period of Report)

Sri Devaraj Urs Academy of Higher Education and Research
Annual Performance Appraisal Report
Faculty of Basic Sciences Departments
For the Period from …….. to …….
Part I
(To be filled by the Establishment Branch)

1. Name of the Faculty Member
(in Capital Letters)

2. Designation

3. Date of Birth

4. Educational Qualifications including professional and technical qualifications
(Mention if any additional qualification has been acquired during the year under review)

5. Date of continuous appointment in the Academy

6. Date of appointment to the present post

7. Date of confirmation with the designation of the Post in which confirmed

8. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	days	Medical leave	days
Duty leave	days	Loss of pay leave (LWP)	days
Earned leave	days	Maternity leave	days
Special Causal leave	days	Others (specify)	days

Total Leave Available – Total Leave Availed = Total Leave at Credit

Signature of Establishment Department Clerk Filling Part-I details

Name of Establishment Department Clerk Filling Part-I details

Faculty Signature **Name in Block letters**

Sl. No.	Parameters	Points Available	Points Claimed	HOD points

Part –II
SELF ASSESSMENT REPORT
FOR PERIOD _____ TO _____
(To be filled by the Teacher)

I. TEACHING & TRAINING:

1. Name of the Courses taught during the year

2. Maximum no. of hours per course available in the Semester as per Time – Table (Lectures + Tutorials & Practical)

3. Teaching load mentioned in Time Table in hours for **me** (Lectures + Tutorials & Practical)

4. a) No. of the Total Lectures (including Tutorials) delivered	Shortfall (from 3 & 4.a)	**4. b)** Practical periods taken	Shortfall (from 2 & 4.b)
----------	----------	----------	----------

5. Reasons for shortfall, if any, in Lectures and practical taken.

6. Conference, CME`s, Workshops, Refresher or Orientation course **attended as Resource person**, during the year, give details. **Note- Half points for paper/poster presentation**

Details of Attended Seminars/ Workshops	International level Points Available – 10/attended	National level Points Available – 05/attended	State level Points Available- 03/attended	Local level Points Available – 02/attended	Points claimed	Points confir-med by HOD

1.	Didactic lectures delivered	10 – >95%delivered 05 – 90% - 95%		
2.	Interdepartmental teaching programs	05 – as Moderator		
3.	Mentorship provided to students	05 points if mentor		
4.	Any visiting Professorship	20 points		
5.	Contribution to Question Bank Formation	05 – Questions formed for all the didactic lectures delivered		
6.	Student Feed Back	20 - 95th to 100th centile 15 - <95th to 90th centile 10 - <90th to 85th centile 05 - <85th centile		
7.	Participation in Departmental PG teaching programs	15 – >95% participation 10 - 95% to 90% participation		
8.	Production of teaching manual/technical manual	20 points		
9.	Clinical Teaching Exercises	15 – >95% conducted 10 - 95% - 90% conducted		

7. Teaching Parameters

8. Contribution to Scientific / Technical education through

Title of Contribution	Points Available	Points Claimed	Points confirmed by HOD
Publication of Textbooks and Laboratory Manual	20		
Organization of CME, Seminars, Conference	20 – International level, 10 – National, 05 – state/zonal, 02 - Local		
Developing E-learning resources	20 (complete content development in 4 quadrant)		
Developing MOOCS resources	30 (complete content development in 4 quadrant)		
Contribution to development of MOOCS/e-content module (at least one quadrant)	05		
Name of the module	Platform on which module is developed	Date of launching e - content	

Total Score of Criterion I =

II. RESEARCH, INNOVATION & CONSULTANCY

1. Research Guidance **completed** (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separates sheets, if needed). **Note – Half points if ongoing**

Student Project	Points Available		Points Claimed	Points confirmed by HOD
Ph.D. project	Guide-10	Co-guide -04		
MD/MS/Fellowship/DM	Guide- 06	Co-guide -02		
UG – STS project	04			

2. Any project completed other than students' projects. **Note – Half points if ongoing**

Project Category	Total Points Available	Points Claimed	Points confirmed by HOD
External Funded	30 if >10 lakhs, 20 if <10 lakhs		
Internal Funded	10		
PI in Funded project	+05		

Nature of the Project	Duration	Name of the funding Agency	Total grant sanctioned	Amount received during the year

MANDATORY –
Assistant Professor – 1 funded project,
Associate Professor – 1 funded project
Professor – 2 funded projects (Desirable - 1 external funded)

3. Innovation for furtherance of **Curriculum Development Activity** introduced in the Department/College/Academy

Title of Innovation	Total Points Available	Points claimed	Points confirmed by HOD
	10 per new curricula/course		

Title of the innovation	Awarding Agency	Date of Award	Category

4. Papers published (give the title, Co-author, if any, and details of the Journals.
Attach separate sheet, if necessary. **Note – Points are per published paper**

Title of the paper	Name of the author	Title of the journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self-citations	Points Available Article – 10 **+ points to Augment***

MANDATORY –

Assistant Professor – 1 publication original article as 1st author in PubMed/Web of Science/Scopus indexed journals
Associate Professor – 2 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals
Professor – 3 publications out of which 1 as original article as 1st author/corresponding author in PubMed/Web of Science/Scopus indexed journals

***Points to Augment**

The score for research papers would be augmented as follows:
Peer-Reviewed or UGC-listed Journals (Impact factor to be determined as per Thomson Reuters list):

i. Paper in refereed journals with impact factor <0.5 - 5 Points
ii. Paper with impact factor less than 0.5 to 1 - 10 Points
iii. Paper with impact factor between >1 and <2 - 15 Points
iv. Paper with impact factor between >2 and <5 - 20 Points
v. Paper with impact factor between >5 and <10 - 25 Points
vi. Paper with impact factor >10 - 30 Points

(a) Two authors: 70% of total value of publication for each author.
(b) More than two authors: 70% of total value of publication for the First/Principal/Corresponding author and 30% of total value of publication for each of the joint authors.

5. Contribution to Research Development & Innovation in the form of Consultancy / sponsored R.D. –

Revenue generated from Consultancy during the year **Points -10**			
Points Claimed	Name of Consultancy project	Consulting/Sponsoring Agency	Revenue generated (amount in rupees)

Revenue generated from Training by the faculty during the year. **Points -10**				
Points Claimed	Title of the Programme	Agency seeking training	Revenue generated (amount in rupees)	Number of trainees

6. Number of Patents/Copyrights published/awarded/technology-transferred – **POINTS 20**

Sl. NO.	**Patent/Copyright Number**	**Title of the patent/Copyright**

Total Score of Criterion II =

III. CAMPUS / CORPORATE ACTIVITIES

1. Contribution to Campus life of the College / Academy

Activity	Points Available	Points Claimed
Cultural activities	05	
Sports activities	05	
Community and Extension services	05	
Administrative assignments	15	

2. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

Name of the Academic Body/Society membership	Points Available – Fellowship -10, Membership-05	Points Claimed

3. Additional Contributions which are not covered above and which are relevant for assessment of teacher's activities.

Title of Contribution	Points Available - 10	Points Claimed

Awards and recognition received for extension activities from Government and other recognized bodies during the year. Points Available – 15 – International, 10 – National, 05 – State/Zonal			
Name of the Activity	Award/recognition	Awarding bodies	

Total Score of III =

Total Self-Assessment Score - I x 0.45 + II x 0.45 +III x 0.1 =

Explanation – For Basic Sciences faculty the weightage for Teaching & Training is 45%, for Research, Innovation & Consultancy is 45% and Campus/Corporate Activity is 10%

Faculty Signature **Name in Block letters**

Place **Designation**
Date:

PART III
Assessment of the Reporting Officer - HOD

Name of the Reporting Officer: ……..

Designation of the Reporting Officer: ……..

Length of service under the reporting officer:

Kindly provide your assessment on the five-point scale in respect of the following parameters.

Outstanding	**Very Good**	**Good**	**Satisfactory**	**Unsatisfactory**
5	**4**	**3**	**2**	**1**

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons there of separately.

Performance and General Attributes (Weightage – 50)

Assessment on Five Point scale

1.	Knowledge in the sphere of work	
2.	Quality of output	
3.	Communication skills (Oral and written)	
4.	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	
5.	Aptitude to work	
6.	Ability to inspire and motivate	
7.	Supervisory ability	
8.	Interpersonal relations and team work	
9.	Integrity and Trustworthiness	
10.	General conduct	

Total Reporting Officers Score (HOD) : _____

C. Grand Score = Total Score of Self-Assessment + Total Reporting Officers Score (HOD)

Outstanding – 91st to 100th centile
Very Good – 81st to 90th centile
Good – 61st to 80th centile
Satisfactory – 51st to 60th centile
Unsatisfactory - <50th centile

Signature of the assessed faculty:
Name of the assessed faculty:

Seal:

Date:

Signature of the reporting officer:
Name of the reporting officer:

Seal:
Date:

PART –IV
To be filled in by the Reviewing Officer – Dean/Principal

1. Length of service under the Reviewing officer

2. Are you satisfied that the Reporting officer has made his / her report with due care and after considering all the relevant material

3. Do you agree with the assessment of the Faculty Member given by the Reporting Officer?

4. Remarks about any meritorious work or otherwise of the Faculty Member.

5. Remark about grading of the Faculty Members by the Reporting Officer.

6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.

Score of Reviewing Officer about the assessed faculty at a numerical scale from 0 to 10
Please tick the score box below -

01	02	03	04	05	05	07	08	09	10

Signature of the Reviewing Officer

Place: Name in Block Letters

Date: Designation
(During the period of Report)

Signature of the assessed faculty:
Date of assessment:

Sri Devaraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year:

1. Name :	2. Date of joining the post :
3. Designation :	4. Pay Band : Rs.
5. Department/Section :	
6. Academic/Technical Qualification:	
7. Details of Educational courses being pursued:	
8. Any other information to be pointed out : Details of the present duties:	

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	days	Medical leave	days
Duty leave	days	Loss of pay leave (LWP)	days
Earned leave	days	Maternity leave	days
Special Causal leave	days	Others (specify)	days

Total Leave Available – Total Leave Availed = Total Leave at Credit

Date: Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME:				YEAR OF ASSESSMENT:			
DESIGNATION:				DATE OF APPOINTMENT TO THE POST :			
PAY BAND : Rs.							
DEPARTMENT/CENTRE/SECTION :							
CATEGORY	**OUTSTANDING**	**EXCELLENT**	**VERY GOOD**	**GOOD**	**SATISFACTORY**	**MARGINAL**	**POOR**
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure							
1.2 Ability to organize work and carry it out							
1.3 Ability and willingness to take up additional load in times of exigencies							
1.4 Creativity and innovation							
1.5 Ability to learn new duties							
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records							
2.2 Accuracy & Speed of work							
2.3 Neatness & tidiness of work							
2.4 Completion of work on schedule							
2.5 Diligence and sense of responsibility							

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance							
3.2 Punctuality							
3.3 Discipline							
3.4 Interaction with colleagues							
3.5 Integrity and behavior							
3.6 Planning & Organization*							
TOTAL POINTS :	**/150**				**/170**		

*** For supervisory staff only**

4. **OVERALL EVALUATION**						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR

5. **Any outstanding contribution made by the Employee :**

6. **Special remarks if any of the Reporting Officer :**

Date : **SIGNATURE OF THE REPORTING OFFICER**

7. **Remarks if any of reviewing officer :**

Date : **SIGNATURE OF REVIEWING OFFICER**

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59

Sri Devraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year: 2024

1. Name : Narayanaswamy. K.V	2. Date of joining the post : 10-05-2017
3. Designation : Sanitory worker	4. Pay Band : Rs. 22720=00
5. Department/Section :	Library
6. Academic/Technical Qualification:	7th STD.
7. Details of Educational courses being pursued:	—
8. Any other information to be pointed out : Details of the present duties:	Sanitory worker

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	4 days	Maternity leave	0 days
Special Causal leave	0 days	Others (specify) CCL	00 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 14 = NIL

EL (23) – 04 = 19 days

Date: 27/02/2025

KV ನಾರಾಯಣಸ್ವಾಮಿ

Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME: Narayanaswamy. K.V.				YEAR OF ASSESSMENT: 2024			
DESIGNATION: Sanitory Worker				DATE OF APPOINTMENT TO THE POST: 10-05-2017			
PAY BAND : Rs.				22720=00			
DEPARTMENT/CENTRE/SECTION :				Library			
CATEGORY	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure		✓					
1.2 Ability to organize work and carry it out		✓					
1.3 Ability and willingness to take up additional load in times of exigencies		✓					
1.4 Creativity and innovation		✓					
1.5 Ability to learn new duties		✓					
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records		✓					
2.2 Accuracy & Speed of work			✓				
2.3 Neatness & tidiness of work		✓					
2.4 Completion of work on schedule		✓					
2.5 Diligence and sense of responsibility			✓				

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance	✓						
3.2 Punctuality		✓					
3.3 Discipline		✓					
3.4 Interaction with colleagues		✓					
3.5 Integrity and behavior			✓				
3.6 Planning & Organization*							
TOTAL POINTS :	133 /150				/170		

* For supervisory staff only

4. OVERALL EVALUATION						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
		✓				

5. **Any outstanding contribution made by the Employee :**

6. **Special remarks if any of the Reporting Officer :**

Date : 5/3/16

SIGNATURE OF THE REPORTING OFFICER

Senior Librarian
ULLRC, SDUAHER
Tamaka, KOLAR-563103

7. **Remarks if any of reviewing officer :**

Date :

SIGNATURE OF REVIEWING OFFICER

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59

Sri Devraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year: 2024

1. Name : Lakshmi. V	2. Date of joining the post : 10/05/2017
3. Designation : Sweeper	4. Pay Band : Rs. 16960=00
5. Department/Section :	Library
6. Academic/Technical Qualification:	7th STD.
7. Details of Educational courses being pursued:	—
8. Any other information to be pointed out : Details of the present duties:	Sweeper

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	0 days	Maternity leave	0 days
Special Causal leave	0 days	Others (specify) CCL	01 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 14 = NIL

EL (23) – 0 = 23 days

Date: 27/02/2025

Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME: Lakshmi. V.	YEAR OF ASSESSMENT: 2024
DESIGNATION: Sweeper	DATE OF APPOINTMENT TO THE POST : 10-05-2019
PAY BAND : Rs.	16960-40
DEPARTMENT/CENTRE/SECTION :	Library

CATEGORY	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure		✓					
1.2 Ability to organize work and carry it out			✓				
1.3 Ability and willingness to take up additional load in times of exigencies		✓					
1.4 Creativity and innovation		✓					
1.5 Ability to learn new duties		✓					
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records		✓					
2.2 Accuracy & Speed of work			✓				
2.3 Neatness & tidiness of work			✓				
2.4 Completion of work on schedule		✓					
2.5 Diligence and sense of responsibility			✓				

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance		✓					
3.2 Punctuality		✓					
3.3 Discipline		✓					
3.4 Interaction with colleagues		✓					
3.5 Integrity and behavior		✓					
3.6 Planning & Organization*							
TOTAL POINTS :	131 /150				/170		

* For supervisory staff only

4. OVERALL EVALUATION						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
		✓				

5. **Any outstanding contribution made by the Employee :**

6. **Special remarks if any of the Reporting Officer :**

Date : **SIGNATURE OF THE REPORTING OFFICER**

Senior Librarian
ULLRC, SDUAHER
Tamaka, KOLAR-563103

7. **Remarks if any of reviewing officer :**

Date : **SIGNATURE OF REVIEWING OFFICER**

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59

Sri Devraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year: 2024

1. Name : Shashikala. H.N.	2. Date of joining the post : 05-04-2018
3. Designation : Sweeper	4. Pay Band : Rs. 16980-0
5. Department/Section :	Library
6. Academic/Technical Qualification:	(SSLC)
7. Details of Educational courses being pursued:	—
8. Any other information to be pointed out : Details of the present duties:	Sweeper

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	8 days	Maternity leave	0 days
Special Causal leave	0 days	Others (specify)	0 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL(14) – 14 = NIL

EL(23) – 08 = 15 days

Shashikala H.N.

Date:

Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME: Shashikala H.N.	YEAR OF ASSESSMENT: 2024
DESIGNATION: Sweeper	DATE OF APPOINTMENT TO THE POST : 05-04-2018
PAY BAND : Rs.	16960-00
DEPARTMENT/CENTRE/SECTION :	Library

CATEGORY	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure		✓					
1.2 Ability to organize work and carry it out		✓					
1.3 Ability and willingness to take up additional load in times of exigencies		✓					
1.4 Creativity and innovation		✓					
1.5 Ability to learn new duties		✓					
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records		✓					
2.2 Accuracy & Speed of work			✓				
2.3 Neatness & tidiness of work		✓					
2.4 Completion of work on schedule			✓				
2.5 Diligence and sense of responsibility			✓				

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance		✓					
3.2 Punctuality		✓					
3.3 Discipline		✓					
3.4 Interaction with colleagues		✓					
3.5 Integrity and behavior		✓					
3.6 Planning & Organization*							
TOTAL POINTS :	132/150				/170		

*** For supervisory staff only**

4. OVERALL EVALUATION						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
		✓				

5. **Any outstanding contribution made by the Employee :**

—

6. **Special remarks if any of the Reporting Officer :**

5/3/15

Date : **SIGNATURE OF THE REPORTING OFFICER**

Senior Librarian
ULLRC, SDUAHER
Tamaka, KOLAR-563103

7. **Remarks if any of reviewing officer :**

Date : **SIGNATURE OF REVIEWING OFFICER**

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59

Sri Devraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year: 2024

1. Name : Shanthamma. N	2. Date of joining the post : 01-01-2004
3. Designation : Sweeper	4. Pay Band : Rs. 23,840=00
5. Department/Section :	Library
6. Academic/Technical Qualification:	7th Std
7. Details of Educational courses being pursued:	—
8. Any other information to be pointed out : Details of the present duties:	Sweeper.

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	14 days	Medical leave	10 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	19 days	Maternity leave	0 days
Special Causal leave	0 days	Others (specify) CCL	2 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 14 = NIL

EL (23) – 19 = 4 days

Date: 27/02/2025

Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME: Shantamma N	YEAR OF ASSESSMENT: 2024
DESIGNATION: Sweeper	DATE OF APPOINTMENT TO THE POST : 01-01-2004
PAY BAND : Rs. 23,840-00	
DEPARTMENT/CENTRE/SECTION :	LIBRARY

CATEGORY	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure		✓					
1.2 Ability to organize work and carry it out		✓					
1.3 Ability and willingness to take up additional load in times of exigencies		✓					
1.4 Creativity and innovation		✓					
1.5 Ability to learn new duties		✓					
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records			✓				
2.2 Accuracy & Speed of work			✓				
2.3 Neatness & tidiness of work		✓					
2.4 Completion of work on schedule		✓					
2.5 Diligence and sense of responsibility		✓					

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance		✓					
3.2 Punctuality		✓					
3.3 Discipline			✓				
3.4 Interaction with colleagues		✓					
3.5 Integrity and behavior			✓				
3.6 Planning & Organization*							
TOTAL POINTS :	131 /150				/170		

*** For supervisory staff only**

4. OVERALL EVALUATION						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
		✓				

5. Any outstanding contribution made by the Employee :

—

6. Special remarks if any of the Reporting Officer :

5/3/15

Date : **SIGNATURE OF THE REPORTING OFFICER**

Senior Librarian
ULLRC, SDUAHER
Tamaka, KOLAR-563103

7. Remarks if any of reviewing officer :

Date : **SIGNATURE OF REVIEWING OFFICER**

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59

Sri Devraj Urs Academy of Higher Education and Research

ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

Assessment for the year: 2024

1. Name : Surya	2. Date of joining the post : 5-8-2023
3. Designation : Attender	4. Pay Band : Rs. 13,415-00
5. Department/Section :	Library
6. Academic/Technical Qualification:	PUC
7. Details of Educational courses being pursued:	—
8. Any other information to be pointed out : Details of the present duties:	Attender

9. Period of absence from duty (or leave, training etc. during the year. If he/she has undergone training, please specify.)

Casual leave	13½ days	Medical leave	0 days
Duty leave	0 days	Loss of pay leave (LWP)	0 days
Earned leave	0 days	Maternity leave	0 days
Special Causal leave	0 days	Others (specify)	0 days

Total Leave Available – Total Leave Availed = Total Leave at Credit

CL (14) – 13½ = ½ day

Date: 28/02/2025

Surya

Signature of the staff member

ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical, Administrative and Others)

FORM "B" TO BE FILLED IN BY THE REPORTING OFFICER

NAME: SURYA					YEAR OF ASSESSMENT: 2024		
DESIGNATION: ATTENDER					DATE OF APPOINTMENT TO THE POST : 05-08-2023		
PAY BAND : Rs.					13,415=00		
DEPARTMENT/CENTRE/SECTION :					FIBRARY		
CATEGORY	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
1. PROFESSIONAL COMPETENCE							
1.1 Knowledge of rules, regulation and procedure		✓					
1.2 Ability to organize work and carry it out		✓					
1.3 Ability and willingness to take up additional load in times of exigencies		✓					
1.4 Creativity and innovation			✓				
1.5 Ability to learn new duties		✓					
1.6 Capacity to supervise*							
2. PERFORMANCE							
2.1 Maintenance of Files/Records		✓					
2.2 Accuracy & Speed of work			✓				
2.3 Neatness & tidiness of work			✓				
2.4 Completion of work on schedule		✓					
2.5 Diligence and sense of responsibility			✓				

3. PERSONAL CHARACTERISTICS	OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
	10	9	8	6	5	4	2
3.1 Attendance	✓						
3.2 Punctuality		✓					
3.3 Discipline		✓					
3.4 Interaction with colleagues		✓					
3.5 Integrity and behavior		✓					
3.6 Planning & Organization*							
TOTAL POINTS :	132/150				/170		

*** For supervisory staff only**

4. OVERALL EVALUATION						
OUTSTANDING	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	MARGINAL	POOR
		✓				

5. **Any outstanding contribution made by the Employee :**

—

6. **Special remarks if any of the Reporting Officer :**

5/3/25

Date : **SIGNATURE OF THE REPORTING OFFICER**

Senior Librarian
ULLRC, SDUAHER
Tamaka, KOLAR-563103

7. **Remarks if any of reviewing officer :**

Date : **SIGNATURE OF REVIEWING OFFICER**

Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar-563103.

* COMPUTATION OF OVERALL EVALUATION	170 Points	150 Points
Outstanding	161 to 170	141 to 150
Excellent	151 to 160	135 to 140
Very Good	136 to 150	120 to 134
Good	101 to 135	90 to 119
Satisfactory	85 to 100	75 to 89
Marginal	71 to 84	60 to 74
Poor	35 to 70	30 to 59