

JAMIA HAMDARD

(Deemed to be University)
Accredited by NAAC in 'A+' Category

Form - CR 15

ANNUAL PERFORMANCE APPRAISAL REPORT

FOR TECHNICAL STAFF i.e. Technical Officers (Lab/X-Ray/OT/Dialysis etc.)

| Report for th | ne year/period | |
|---------------|---|--|
| | | Department /Section/Unit: |
| Part-I | PERSONAL DATA | |
| | d by the Administrative section co Reporting Officer to get it from office | ncerned of the Ministry/Department/Office, in its cer reported upon) |
| 1.1 Name c | of Officer/Employee: | |
| 1.2 Present | Designation: | |
| 1.3Date of J | loining the Service: | |
| 1.4 Date of E | Birth (DD/MM/YYYY): | |
| | Pay in the Pay Band + Grade Pay/ Matrix: | |
| | continuous appointment esent grade: | |
| 1.7 Present լ | post and date of posting thereto: | |
| | | |
| 1.8 Period o | of discontinuity from duty: | |
| a) On accou | nt of Leave: | * |

| Please specify targets/objectives goals (in yourself or that were set for you. (8 to 10 were set for you and your achievements a | quantitative or other terms) of work you set for items priority-wise/ in order of importance) that gainst each targets). Achievements |
|--|---|
| - | |
| | |
| | |
| Direct description of duties of posts | |
| | |
| (Please read carefully the inst | ructions before filling the |
| SELF APPRAISAL (To be filled up by the Off | ficial/Officer reported upon) |
| raining/Refresher Courses attended and ssional qualification, if any, attained during eporting year: | |
| yes, Please specify | 2 |
| ademic and Professional Qualifications: | |
| al Number of days absent from duty at prior permission of competent rity | |
| r | ademic and Professional Qualifications: yes, Please specify raining/Refresher Courses attended and sional qualification, if any, attained during eporting year: SELF APPRAISAL (To be filled up by the Of |

| 1. | Does the Reporting Officer agree with self appraisal of the officer reported upon as mentioned in Part-II? If not, the extent of disagreement and reasons thereof. |
|-------|--|
| rt-ll | II APPRAISAL (To be filled by the Reporting Officer) |
| | upon Name |
| te: . | Signature of the Officer reporter |
| ce: | |
| | |
| | |
| | the calendar year. If not, the date of filling the return should be given. |
| 4. | Please state whether the annual return on immoveable property for the precede calendar year was filled within the prescribed date i.e. 31st January of the year follows: |
| | |
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| | * |
| 3. | B) Please also indicate items in which there have been significantly higher achievements and your contribution thereto. |
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| SI. No. | Items | Reportin g Authorit y | Reviewin g Authorit y | Initial of Reviewin g Authorit y |
|------------|--|--------------------------------|--------------------------------|--|
| (i) | Extent of accomplishment of planned work assigned as per para 2.2 | | | |
| (ii) | Quality of output | | | |
| (iii) | To apply the technical knowledge and examine the technical problems | | | |
| (iv) | Accomplishment of exceptional work unforeseen tasks performed | | | |
| (v) | Overall Grading on 'Work Output' [(i+ii+iii+iv)/4] | | | |
| (vi) | Grading consequent to 40% weightage of the grade on 'Work Output [2(v) x 0.4] | | | |

3. Assessment of Personal Attributes

(Numerical grading is to be assigned by Reporting Authorities on a scale of 1-10, where 1 refers to the lowest and 10 to the highest grade. (Weightage to this Section would be 30 percent). See instructions.

| SI. No. | Items | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
|------------|---|------------------------|------------------------|--------------------------------------|
| (i) | Attitude to work | | | |
| (ii) | Sense of responsibility | | | |
| (iii) | Maintenance of Discipline | | | |
| (iv) | Communication skills | | | |
| (v) | Capacity to work in team spirit | | | |
| (vi) | Capacity to adhere to time- schedule | | | |
| (vii) | Inter-personal relations with public dealing | | | |
| (viii) | Dependability and willingness to take responsibility | | | |
| (ix) | Overall Grading on Personal Attributes [(i+ii+iii+iv+v+vi+vii+viii)/8] | | | |
| (x) | Grading consequent to 30% weightage of the grade on 'Personal Attributes' [3(ix) x 0.3] | | | |

4. Assessment of Functional Competency

(Numerical grading is to be assigned by Reporting Authorities on a scale of 1-10, where

| (i) | Knowledge of | | | |
|--|--|-----------------|---|----------------------|
| | Rules/Regulations/Procedures in | | | |
| | the area of function and ability to | | | |
| | apply them effectively. | | | |
| (ii) | Strategic planning ability | | | |
| (iii) | Decision making ability | | | |
| (iv) | Coordination ability | | | |
| (v) | Ability to motivate and develop | | | |
| \ \ \ \ \ \ \ \ | subordinates | | | |
| | Initiative | | | |
| vi) | | | | |
| (vii) | Overall Grading on | | | |
| | 'Functional competency' | | - | |
| | [(i+ii+iii+iv+v+vi)/6] | | | |
| (viii) | Grading consequent to 30% | | | |
| | weightage of the grade on | | | |
| | 'Functional Competency' | | 4 | |
| | [4(vii) x 0.3] | | | |
| | GENERA | <u>AL</u> | | |
| | | | | |
| | ATTRIBL | JTES . | | |
| Deletie | | | | |
| | ons with patients/visitors (whereve | er applicable). | | |
| | | er applicable). | | oonsiveness to their |
| | ons with patients/visitors (whereve | er applicable). | | oonsiveness to their |
| | ons with patients/visitors (whereve | er applicable). | | oonsiveness to their |
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| needs) Effection and castes a) Atti | veness in the development Protection of Scheduled and/or Scheduled Tribes: | er applicable). | | oonsiveness to their |
| needs) Effection and castes a) Atti | veness in the development Protection of Scheduled and/or Scheduled Tribes: Itude towards SCs and/or STs hsitivity to social justice | er applicable). | | oonsiveness to their |
| needs) Effection and castes a) Atti b) Seric) Abi | ons with patients/visitors (wherever e comment on the officer's access of the development protection of Scheduled and/or Scheduled Tribes: Itude towards SCs and/or STs insitivity to social justice | er applicable). | | oonsiveness to their |
| needs) Effective and castes a) Attive b) Serical Active Ac | veness in the development Protection of Scheduled and/or Scheduled Tribes: itude towards SCs and/or STs hsitivity to social justice lity to take quick and effective ion to prevent and quell | er applicable). | | oonsiveness to their |
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*3. Effectiveness in the development and Protection of Scheduled castes and/or

Scheduled Tribes:

| | & ensure justice to SCs and/or STs: |
|----------------|---|
| | d) Effectiveness in bringing about the |
| | Development of SCs and/or STs: |
| to be /here | e filled in only in the case of officers dealing with development and protection of SCs and/or STs. the column is not applicable in the case of any officer, it may be so stated against the column.) |
| 4. 7 | raining. (Please give recommendations for training with a view to future improving the effectiveness and capabilities to the officer). |
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| Į | 8. 1 |
| 5 | State of Health |
| J. | Otate of Fleatin |
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| | |
| 7. | Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength, extraordinary achievements significant failures and attitude towards weaker sections. |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |
| 7. | officer including area of strength and lesser strength, extraordinary achievements |

Signature of the Reporting Officer

| Name in Block Letters: | |
|------------------------|---------------|
| Designation: | |
| Place: | (4) |
| | Date: |
| During the perio | od of Report: |

Part-V REMARKS OF REVIEWING OFFICER

| 1. | Length of service under the Reviewing Officer: | | | |
|----|---|--|--|--|
| 2. | Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-III? In case you do not agree with any other numerical assessments of attributes, please record your assessment in the colum provided for you in Part-III and Initial your entries. | | | |
| | | o, I do not agree. I have recorded by assessment in Part-III. | | |
| | (Please strike out whichever is not applicable) | | | |
| 3. | In case of difference of opinion, please give details and reasons for the same. | | | |
| | | | | |
| 4. | Comments, if any, on the Pen picture written b | y the Reporting Officer. | | |
| | | | | |
| | 7 | | | |
| Q. | | | | |
| 5. | . Overall numerical grading on the | | | |
| | basis of weightage given in para 2, 3 and 4 in Part III of the Report. | | | |

Signature of the Reviewing Office