

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW
FORM FOR ANNUAL CONFIDENTIAL REPORT

REPORT FOR THE YEAR/PERIOD ENDING -----

PART-I

(PERSONAL DATA)

(To be filled by the Officer himself)

1. Name of the Officer -----
2. Designation -----
3. Present post held & date of appointment thereto -----
4. Period of absence from duty on leave, training etc. During the year with details thereto -----

(Signature of the Officer/Employer)

PART-II

SELF APPRAISAL IN ABOUT 300 WORDS

(If space is not sufficient the officer may write his self appraisal in a separate sheet)

Signature of the Officer

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PART-III
(Assessment by the Reporting Officer)

- State of health _____
- Attendance _____
- General assessment regarding work _____
1. Knowledge of work entrusted _____
 2. Quality of work performed _____
 3. Commitment to work assigned _____
 4. Devotion to duty _____
 5. Initiative _____
 6. Willingness to accept responsibility _____
 7. Relation with colleagues and patients/public _____
 8. Punctuality & availability on seat _____
 9. If the employee has been issued warning during the period or any other disciplinary action taken, the details about it _____
 10. Any special achievement during the period _____
 11. Integrity (Certified/Not Certified) _____
 12. Recommendation for probation
(Termination/Extension) _____
 13. Any other _____

14. Overall Rating : Below Average/Average/Good/Very Good/Outstanding _____

(D) (C) (B) (A) (A+)

Signature of Head of the Deptt.
(With Rubber Stamp)

PART-IV
(Remarks of Reviewing Authority)

1. Length of service under reviewing authority _____
2. Do you agree or disagree with the assessment _____
3. of (Name of Officer) given by the Reporting Authority? If there is anything you wish to modify or add. _____
4. Fitness for promotion to higher grade in turn
a. Fit _____
b. Not Yet Fit _____
c. Unfit _____
(If not yet fit or unfit, the reason to be recorded)
5. Recommendation regarding suitability for other higher level job _____

Signature of the Reviewing Authority
(With Rubber Stamp)

PART-V
(Remarks of the Accepting Authority)
(i.e. Next Superior Officer)

Signature of the Accepting Authority

नोट :- सम्बन्धित अधिकारियों/कर्मचारियों को एम0ए0सी0पी0एस0 के अन्तर्गत वित्तीय उन्नयन प्रदान किये जाने हेतु न्यूनतम बेन्चमार्क वैरी गुड निर्धारित किया गया है। अतः प्रतिवेदक/समीक्षक/स्वीकर्ता अधिकारी से अनुरोध है कि वार्षिक गोपनीय प्रविष्टियाँ भरते समय इसका संज्ञान लेने का कष्ट करें।

Instructions: -

1. During probation period, reporting officer should make objective assessment at department level at three monthly interval, and if the employee is rated average or poor then this must be reported to the reviewing officer. In case the first two 3 monthly departmental assessment reports are not upto the mark then for next six months the employee should be transferred under another reporting officer who would make next two 3 monthly assessment reports at department level and report them to the reviewing officer. The final recommendation for termination/extension of probation period would be taken by the reviewing officer based on the four three monthly reports.
2. If the Reviewing/ Accepting Authority differ with the overall rating given by the Reporting Officer, the same shall be recorded.
3. If there is any adverse entry, the same shall be communicated to the employee.