

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

FORM FOR ANNUAL CONFIDENTIAL REPORT

(FOR ALL CLASS-II AND CLASS III EMPLOYEES)

Report for the year/period :

(PERSONAL DATA)

(To be filled by the officer/employee)

1. Name of Officer/ Employee :
2. Designation :
3. Employee ID :
4. Department :
5. Mobile No./CUG :
6. Present post held & appointment there to :
7. Period of absence from duty on leave :
- (Training etc. during the year with details thereto)

(Signature of the Officer/Employee)

Part-II

(Assessment by the Reporting Officer)

State of Health :

Attendance :

General assessment regarding work

1. Knowledge of work :
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 and availability on seat :
9. If the employee has been issued warning :
- During the period, the details about it :
10. Any Special achievement during the period :
11. Integrity (Certified/Not Certified) :
12. Recommendation for probation (If applicable) :
- (Termination/Extension)
13. Any Other :
14. Overall Rating :

Below Average	Average	Good	Very Good	Outstanding
(D)	(C)	(B)	(A)	(A+)

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।

(Signature of Nodal Officer)
(If Primary Reporting Officer
is other than HOD)

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

Part-III
(Remarks of Reviewing Authority)

1. Length of service under reviewing authority :
2. Do you agree or disagree with the assessment :
Of (Name of Officer) given by the reporting
Authority? If there is anything you wish to modify
or Add.
3. Fitness for promotion to grade in turn :
g. Fit
h. Not yet Fit
i. Unfit
4. Recommendation regarding suitability for :
other space of work.

Signature of the Reviewing Authority
(Medical Superintendent)

Part-IV
(Remarks of the Accepting Authority)
(i.e. Next Superior Officer)

Signature of the Accepting Authority
(Director)

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 there 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 communication to the employee.