

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

**FORM FOR ANNUAL CONFIDENTIAL REPORT**

(ONLY FOR ALL CLASS-IV EMPLOYEES)

**Report for the year/period :-**

**(PERSONAL DATA)**

(To be filled by the officer/employee)

1. Name of Employee : .....
2. Designation : .....
3. Employee ID : .....
4. Date of Joining : .....
5. Place of present posting : .....
6. Period under review : .....
7. Commitment to task assigned : .....
8. Devotion to duty : .....
9. Relations with colleagues and Officers : .....
10. Public Relation : .....
11. Integrity (Certified/Not Certified) : .....
12. Any special remarks : .....
13. Recommendation for probation  
(Termination/ Extension) : .....
14. Overall Rating : .....

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

Signature of Reporting Officer/H.O.D.  
With Rubber Stamp

Signature of Reviewing Officer  
With Rubber Stamp

Signature of Accepting Officer  
With Rubber Stamp

नोट :- सम्बन्धित अधिकारियों/कर्मचारियों को एमएचपीएसके के अन्तर्गत वित्तीय उन्नयन प्रदान किये जाने हेतु न्यूनतम बेंचमार्क 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 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.