



ANNUAL PERFORMANCE APPRAISAL FORM - YEAR -

Part-I Employee Information (To be filled by HR)

Name : Employee ID : DOJ :
Department : Designation :

Part - II Appraiser Information

Name : Designation :
Department :

Part III- Evaluation

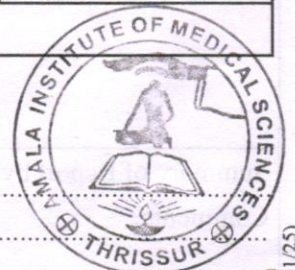
(NB : Peer must be available senior staff in the respective department)

Key result areas (KRA)		Self Evaluation					Peer Evaluation					Supervisory Evaluation				
SI.	Rating Factors (To be filled by)	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
1																
2																
3																
4																
5																
SI. No.	General Rating Factors	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
1	Flexibility in duty timings and taking up of extra assignments															
2	Knowledge of the system, process and procedures															
3	Maintenance of good interpersonal relationship with Authorities, Supervisors and co-workers															
4	Leadership team building and decision making capability															
5	Inspiring and mentoring co-workers															
6	Demonstrates pleasant and calm personality when dealing with patients and bystanders															
7	Adherence to hospital policies including punctuality attendance and dress code															
TOTAL																
5 - EXCELLENT, 4 - GOOD, 3 - AVERAGE, 2 - POOR, 1 - VERY POOR																

NB : If the total mark is :> 150: Eligible for Promotion; < 100 : Training is Mandatory

Part IV Goal setting and Achievement (To be filled by appraisee)

Goal / objective 1 :
.....
Goal/objective 2 :
.....



Goal / Objective 3 :

Part - V Achievements/accomplishments (To be filled by Appraisee)

Achievements/accomplishment (list any notable achievements/contributions made by the employee during the appraisal period)

Part - VI Training Need Assessment (To be filled by HODs/ Incharges)

Any Specific Training to be provided Yes No

(Reason)

STAFF COMMENTS (To be filled by Appraisee)	
Comments :	Name :
	Signature of the Appraisee :
APPRAISAL DISCUSSION NOTES (To be filled by Senior Staff)	
Comments :	Name :
	Signature of the Peer :
APPRAISAL DISCUSSION NOTES (To be filled by Appraiser)	
Comments :	Name :
	Signature of the HOD/Incharge :
APPRAISAL DISCUSSION NOTES (To be filled by Appraiser)	
Comments :	Name :
	Signature Priest Incharge :
Summary of Report by the HR Department	
Comments :	Name :
	Signature of HR :