

## DINSHA PATEL COLLEGE OF NURSING

Managed by... MAHAGUJARAT MEDICAL SOCIETY, NADIAD.



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### ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING Group B, C & D)

#### FORM "A" TO BE FILLED IN BY THE STAFF MEMBER

#### Assessment for the year:

1. Name:	2. Date of joining the post:
3. Designation:	4. Pay Band : Rs.
5. Department/Section:	6. Grade Pay : Rs.
7. Academic/Technical Qualification:	
8. Details of Educational courses being pursued :	
9. Any other information to be pointed out :  Details of the present duties :	

Date: Signature of the staff member

# ANNUAL PERFORMANCE ASSESSMENT REPORT (Technical Administrative and Others) FORM "C" TO BE FILLED IN BY THE REPORTING OFFICER

NAME:	YEAR OF ASSESSMENT:							
DESIGNATION:				DATE OF APPOINTMENT TO THE				
				POST:				
PAY BAND : Rs.				GRADE PAY : Rs.				
DEPARTMENT/CENTRE/SECTION:								
CATEGORY	OUTST ANDIN G	EXCEL LENT	VERY GOOD	GOOD	SATISF ACTOR Y	MARGIN AL	POOR	
	10	9	8	6	5	4	2	
1 PROFESSIONAL COMPETENCE								
1.1 Knowledge of rules, regulation and procedure								
1.2 Ability to organize work and carry it out								
1.3 Ability and willingness to take up additional load in times of exigencies								
1.4 Creativity and innovation								
1.5 Ability to learn new duties								
1.6 Capacity to supervise*								
2 PERFORMANCE								
2.1 Maintenance of Files/Records								
2.2 Accuracy & Speed of work								
2.3 Neatness & tidiness of work								
2.4 Completion of work on schedule								
2.5 Diligence and sense of responsibility								

3 PERSONAL	OUTST. NDING			ERY OOD	GOOD		TSFA ORY	MARGINA	AL POOR
CHARACTERISTICS	10	9		8	6	,	5	4	2
3.1 Attendance									
3.2 Punctuality									
3.3 Discipline									
3.4 Interaction with colleagues									
3.5 Integrity and behaviour									
3.6 Planning & Organisation*									
TOTAL POINTS:	/150	0			•		/170	•	
* For supervisory staff onl	y								
4. OVERALL EVALUATION									
OUTSTANDING EXCELL	HINTE I	ERY OOD GO	OOD	SAT	TISFACTORY MARGINAL		RGINAL	POOR	
5. Any outstanding contribut	ion made	by the E	mploy	ee:					
6. Special remarks if any of the Reporting Officer:									
Date: 7. Remarks if any of reviewing	g officer :		SIG	NAT	URE OF TE	HE RE	<u>PORT</u>	ING OFFIC	EER
Date:	<del></del>				TURE OF R	EVIE		OFFICER	
* COMPUTATION OF OVE	KAĹĹ	1	70 Poi	nts				150 Points	3

EVALUATION		
Outstanding	161 to 170	141 to 150
Excellent	153 to 160	135 to 140
Very Good	136 to 152	120 to 134
Good	102 to 135	90 to 119
Satisfactory	85 to 101	75 to 89
Marginal	38 to 84	60 to 74
Poor	34 to 67	30 to 59