



EMPLOYEE PERFORMANCE APPRAISAL REPORT (NON-TEACHING STAFF)

APPRAISAL PERIOD: 01/08/2022 to 31/08/2023 SUBMIT ON OR BEFORE: _____

S.No.	PARTICULARS	To be filled by the Employee
1	Name of the employee:	
2	Designation:	
3	Department	
4	Date of birth (As per SSC) & Age	
5	Date of joining the institution :	
6	Are you Regular/Contract employee?:	
7	Date of Regularization : (if regularized)	
8	Highest Educational Qualification:	
9	Last Increment date:	
10	Have you attended to any <u>Training programmes</u> during this Appraisal period (If so attach the certificates)	
11	Any <u>Additional service</u> contributed to the Institute other than Normal duties : (Mention them)	
12	Additional <u>upgradation</u> of the <i>Domain knowledge</i> (in your job role):	
13	Mention any <u>other Experience</u> if you have other than your current job:	
14	What are your <u>Roles and Responsibilities</u> of your present job? (Job Description) Mention them:	

Note: For S.No. 10,11,12 &13 enclose relevant certificates

15. A. Write down point wise or type below the achieved Plans and goals you set for the Last year which were mentioned in the last year Appraisal form.

15.B. What are your Plans and Areas of focus for the Next year and how do you want to achieve them? (Write down point wise or type below) If require mention in separate sheet.

Signature of the Employee

Filled by the Accounts Department:								
C)	Salary details:	Regular Scale (Yes/No)			Consolidated Pay (Yes/No)			
a)	Scale of Pay		c)	Present Basic		<i>Signature of the Accounts Officer</i>		
c)	Present D.A.%		d)	Gross Salary				
Filled by the Administrative Department:								
D)	Leaves used in the last Appraisal Period : _____							
S.No	Type of Leave	No. of Leaves used	S.No.	Type of Leave	No. of Leaves used	Total No.of days & Hours <u>Late Reporting</u> to the duties		
1	Casual Leave(CL)		5	CCL		<u>Days</u>	<u>Hours</u>	
2	Earned Leave(EL)		6	On Duty (OD)				
3	Half Pay Leave(HPL)		7	Vacation		Total No.of days &Hours <u>Early Leaving</u> from the Institution		
4	Maternity Leave		8	Loss of Pay(LOP)		<u>Days</u>	<u>Hours</u>	
<i>Signature of Admin Asst.</i>								
<i>Signature of the Admin Officer</i>								
E)	Assessment by Head of the Department :							
S.No.	Performance Evaluation (Criteria)	Deficient	Below Standard	Meets expectation	Above standard	Outstanding		
		1	2	3	4	5		
1	Attitude							
2	Job Knowledge							
3	Attendance/Punctuality							
4	Eagerness to learn							
5	Team work/Work relations							
6	Leadership / Responsibility							
7	Work under pressure							
8	Initiative							
9	Communication skills							
10	Effective Problem Solving skills							
	Sub Total							
Grand Total Out of 50								

F)	Head of the Department's Remarks
	<p style="text-align: right;"><i>Signature of the Head of the Department</i></p>
G)	Principal's Remarks
	<p style="text-align: right;"><i>Signature of the Principal</i></p>
H)	Vice Chairperson's Remarks
	<p style="text-align: right;"><i>Signature of the Vice Chairperson</i></p>
I)	Chairperson's Remarks
	<p style="text-align: right;"><i>Signature of the Chairman</i></p>