

PROFORMA -B

**ANNUAL PERFORMANCE APPRISAL REPORT
FOR
OFFICERS OF THE CENTRAL HEALTH SERVICE**

Report for the year/period:

PART -I (PERSONAL DATA) (TO BE FILLED BY OFFICE)

1. Name of the officer : _____
(Full Name in Block letters)
2. Designation : _____
3. Date of birth : _____
4. Date of joining Central Health Services : _____
5. Name of Sub-Cadre : **(i) NON -TEACHING**
Speciality _____
(ii) GDMO
(Regular / Regularised)
6. Date of continuous appointment to present grade : _____
Date Grade
7. Scale of Pay : _____
8. Department/Organization where working and since when : _____
9. Period of absence from duty : _____
i) Leave
ii) Training
iii) Any other reason (Specify)
10. Date of filing the Annual Property Return : _____

: 2 :

Name of Officer: _____ Period ending _____
Designation: _____

Part – II (Self Appraisal)

(To be filled by the officer reported upon)

1. **Brief description of duties:**

2. **Resume of work done during the period under report:**
(Please indicate clinical/research/training/administrative work bringing out special achievements with particular reference to targets, if any. Please be brief)

Contd...

: 3 :

Name of Officer: _____ Period ending _____
Designation: _____

3. Academic and Professional achievements during the year including degree/diploma/certificate/award/commendations obtained and seminar conferences/workshops attended during the course of the reporting year.

4. Shortfall if any in achievements may also be indicated specifying constraints:

5. (A) Clinical (patient care)/ Laboratory Work
- (i) O.P.D. (No. of OPD days and average OPD attendance):
 - (ii) Indoor (No. of bed being looked after and average bed occupancy)
 - (iii) O.T. (No. of OT days and average number of Surgery performed/assisted)
 - (iv) No. of domiciliary visits
 - (v) Laboratory Work
 - (vi) Others (Including special clinics)

Contd....

:4:

Name of Officer: _____ Period ending: _____
Designation: _____

(B) Administrative Work

(Please mention briefly involvement in administrative work)

Station:
Date:

Signature of the officer Reported Upon
Designation:

Contd.....

:5:

Name of Officer : _____ Period ending : _____
Designation : _____

PART – III

(To be filled in by the Reporting Officer)

(Please read carefully the instructions given before filling the entries)

A. NATURE AND QUALITY OF WORK

1. Please comment on Part II as filled out by the officer and specifically state whether you agree with the answers relating to targets and objectives, achievements and shortfalls. Also specify constraints, if any, in achieving the objectives.

2. **Quality of output-**

Please comments on the officer's quality of performance having regard to standard of work and programme objectives, and constraints, if any.

3. **Knowledge of sphere of work-**

Please comment specifically on each of this level of knowledge of functions, related instructions and their application.

B. ATTRIBUTES

1. **Attitude to Work -**

Please comment on the extent to which the officer is dedicated and motivated and on his/her willingness and initiative to learn and systematize his/her work.

Contd...

Name of Officer: _____ Period ending: _____
Designation: _____

2. **Decision-making ability -**
Please comment on the quality of decision-making and on ability to weigh pros and cons of alternatives.

3. **Initiative -**
Please comment on the capacity and resourcefulness of the officer in handling unforeseen situations on his/her own and willingness to take additional responsibility and new areas of work.

4. **Ability to inspire and motivate -**
Please comment on the capacity of the officer to motivate, to obtain willing support by own conduct and capacity to inspire confidence.

5. **Communication skill (written and oral) -**
Please comment on the ability of the officer to communicate and on his/her ability to present arguments.

Contd...

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Name of Officer: _____ Period ending: _____
Designation: _____

6. Inter-personal relations and teamwork -

Please comment on the quality of relationship with superiors, colleagues and subordinates, and on the ability to appreciate others point of view and take advice in the proper spirit. Please also comment on his/her capacity to work as a member of a team and to promote team spirit and optimize the out put of the team.

7. Relations with the public -

Please comment on the officer's accessibility to the public and responsiveness to their needs.

8. Attitude towards Scheduled Castes/Scheduled Tribes/Weaker Sections of Society

Please comment on his/her understanding of the problems of Scheduled Castes and Scheduled Tribes/Weaker Sections and willingness to deal with them.

Contd....

Name of Officer: _____ Period ending: _____
Designation: _____

C. ADDITIONAL ATTRIBUTES

(For officers of 12 years of service and above only)

1. Planning ability –

Please comment whether the officer anticipates problems, work needs, and plans accordingly and is able to provide for contingencies.

2. Supervisory ability –

Please comment on the officer's ability relating to;

(i) Proper assignment of tasks;

(ii) Identification of proper personnel for performing the tasks;

(iii) Guidance in the performance of tasks; and

(iv) Review of performance.

3. Coordination ability –

Please comment on the extent to which the officer is able to achieve coordination in formulation and implementation of tasks and programmes by different functionaries involved.

Contd...

Name of Officer: _____ Period ending: _____
Designation: _____

4. Aptitude and Potential -

Please indicate three fields of work from amongst the following for possible specialization and career development of the officer. Please mark 1,2,3 in three appropriate boxes.

1. Personnel Administration
2. Financial Administration
3. Social Services and Educational Administration
4. Planning
5. Any other field (Please specify)

5. Training -

Please give recommendations for training with a view to further improving the effectiveness and capabilities of the officer. (While specifying the areas of training, it is not necessary to confine to the fields referred to in column 4.)

D. GENERAL

1. State of health -
2. Integrity -
(Please see Note below the instructions)

Contd....

: 10 :

Name of Officer: _____ Period ending: _____
Designation: _____

3. General assessment -

Please give an overall assessment of the officer with reference to his/her strength and shortcomings and also by drawing attention to the qualities if any not covered by the entries above.

a.

Grading

Outstanding	Very Good	Good	Average
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(An officer should not be graded outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out).

Station :
Date:

Signature of Reporting Officer
Name:
(In Block Letters)
Designation
Scale of Pay
STAMP

Contd.....

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Name of Officer: _____ Period ending: _____
Designation: _____

PART - IV

REPORT BY REVIEWING OFFICER

1. Length of service of officer reported upon under the reviewing Officer.

2. Does the Reviewing Officer fully agree with the remarks of the Reporting Officer recorded in Part III of the proforma. If not, the details thereof. Please also indicate adverse remarks, if any, are to be expunged or modified.

3. General remarks by Reviewing Officer including a note of any particular achievement.

4. Grading:

Outstanding	Very Good	Good	Average
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(Note: Please indicate the reasons for variance with the grading of the Reporting Officer)

Station:
Date:

Signature of Reviewing Officer
Name:
(In Block Letters)
Designation
Scale of Pay
Stamp
