

SELF PERFORMANCE APPRAISAL REPORT (Non-Teaching staff)

Year 2022-23

A) Personal Information

- 1) Name of the employee \_\_\_\_\_
- 2) Qualification : \_\_\_\_\_
- 3) Department : \_\_\_\_\_
- 4) Designation \_\_\_\_\_
- 5) Date of Appointment with Qualification \_\_\_\_\_
- 6) Total years of service : \_\_\_\_\_ years
- 7) Total years of experience in the current designation : \_\_\_\_\_ years.
- 8) Pay scale \_\_\_\_\_ Gross salary \_\_\_\_\_
- 9) Reporting time for duty: \_\_\_\_\_ departure time : \_\_\_\_\_

B) Nature of duty assigned :

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

C) Details of Work Done

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_



7] \_\_\_\_\_

8] \_\_\_\_\_

9] \_\_\_\_\_

10] \_\_\_\_\_

Details of work done (if any) over and above the assigned duty \_\_\_\_\_

Details of work (if any) yet to be completed as per duty schedule \_\_\_\_\_

Reasons for Non completion of assigned duty \_\_\_\_\_

D) a) Total no. of leave taken during the period 1<sup>st</sup> \_\_\_\_\_ 20 to 30<sup>th</sup> \_\_\_\_\_ 20 \_\_\_\_\_

Casual Leave (CL)	Medical Leave (ML)	Privilege Leave (PL)	Maternity Leave	LWP
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No. of days	_____	_____	_____	_____	_____
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b) Number of days late reported for duty and early departure

Month	_____	_____	_____	_____	_____	Total
Late report	_____	_____	_____	_____	_____	_____
Early dept.	_____	_____	_____	_____	_____	_____

c) No. of days Casual leave deducted for late reporting @1:3

Month	_____	_____	_____	_____	_____	Total
C.L.	_____	_____	_____	_____	_____	_____
LWP	_____	_____	_____	_____	_____	_____

d) No. of days of leave sanctioned in advance

Month	_____	_____	_____	_____	_____	Total
C.L.	_____	_____	_____	_____	_____	_____
M.L.	_____	_____	_____	_____	_____	_____
P.L.	_____	_____	_____	_____	_____	_____
Maternity	_____	_____	_____	_____	_____	_____

Total working of days - \_\_\_\_\_

No. Of days on leave (CL+ML+PL+ Maternity leave) \_\_\_\_\_

Percentage of present \_\_\_\_\_ % on leave \_\_\_\_\_ %



E] Confidential Report by the Departmental Head/ Office head.

Name of the Employee \_\_\_\_\_

Department: \_\_\_\_\_

Name of the HOD/Head: \_\_\_\_\_

Performance of Assessment

Sr. No.	Particulars	V. Good A	Good B	Fair C	Average D	Below Average E
1	Initiative					
2	Neatness					
3	Accuracy					
4	Punctuality in work					
5	Methodical and systematic working					
6	Promptness in disposal					
7	Regularity in attendance					
8	Relations with Superiors					
9	Relations with Colleagues					
10	Relations with members of public					
11	Dependability					
12	Obedience					
13	Executing order of the seniors					
14	Capacity to get work done					
15	Politeness & Seniority					
16	Grasping power and Interest					
17	Level of knowledge /gained pertaining to the work assigned					
	Recommendation :1] Fitness to continue in the current post					
	2] Fitness for increment in pay					

Date: \_\_\_\_\_

Signature of the Assessing officer

Place: \_\_\_\_\_

(HOD/ Office of the Head)

