PERFORMANCE APPRAISAL FORM 1 (C) FOR FACULTIES IN MEDICAL EDUCATION SERVICE PART 1

APPRAISAL OF

Medical Education Service	Shri		(in	n Block letters)
Department	for the	period		
Name				
Date of birth				
Post	:			
Date of entry in Government Service	:			
Date of appointment to the present post	:			
Date of entry in the present Department	:			
Pay and scale of pay	:			
Date from which functioning in the present Cadre continuously	nt :			
List of subjects dealt with according to the Office order distributing work	e :			
EDUCAT	IONAL AND C	THER QUALIFICATION	ONS	
	epartment	Special	Oth	er skills if any
1.				
2.				
3.				
EX	KPERIENCE			
Department	Ca	ntegory of Work	Perio	od
			From	То

Performance Appraisal Form

Organization:	Department:
Employee Name:	Designation:
Duration in the present post:	Total length of service:
Period of assessment:	Date of assessment:

1. For each of the items listed below, please comment on the employee's performance, along with suggestions for improvement.

(A =Outstanding B=Exceeds Expectations C=Meets Expectations D=Improvement Needed)

No.	Domain	A	В	С	D
1.	Job Knowledge				
2.	Technical Skills				
3.	Quality of work				
4.	Productivity or Work Output				
5.	Initiative and Creativity				
6.	Problem Solving skills				
7.	Leadership capability				
8.	Team work				
9.	Attendance				
10.	Dependability				
11.	Work Ethic				
12.	Adherence to institutional Policy				
13.					
14.	Professional Growth				
	Total Score				
Overall	Performance – Rate employe	e's overall performanc	e in comparison to po	sition duties and re	sponsibilities
Outsta	anding Exceeds Expectat	ons Meets Expect	ations Improvem	ent Needed.	

2- List and describe the employee's top three accomplishments during the rating period:	
1	_
2	_
3	_
3. List and describe the employee's three greatest strengths, giving specific examples of how these strengths in his or her position.	e employee uses
1	_
2	
4. Identify 3 - 5 goals for the next review year, along with an action plan for accomplishing each	
1	_
2	_
3	_
4	-
	
5	

5. Employee comments	
Completed by:	
Employee Name (Please Print)	Signature with Date
Head of Dept. (Please Print)	Signature with Date
Supervisor's overall rating and commen	nts (Not be reported to the employee)
Head of Dept. (Please Print)	Signature with Date
Review	wer's overall rating and comments

Employee Self Evaluation Form

Please provide thoughtful responses to the following questions. The information you provide will be used to help develop your performance and career development goals for the next year.

1. What steps have you taken since your last review to improve yourself as relates to your current position?
(Mention new qualifications, promotions, awards and honors)
2. What outcomes and improvements have you seen as a result of the actions described above?
3. What are the projects and publications you have undertaken during the past year?
4. What goals would you like to set for yourself to accomplish during the next review period?
5. What can your supervisor do to help ensure that you are making
progress towards accomplishing your professional development goals?

Date

	ormance Traits			
1. How woul	ld you rate yourself in t	erms of consistency?	1 4	
<u> </u>	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
2. How woul	d you rate yourself in t	erms of professional c	ommunication sk	
1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
3. How woul	ld you rate yourself in t	erms of technical skill	s?	
1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
4. How woul	ld you rate yourself in t	erms of organizational	l skills?	
1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
5. How would	ld you rate yourself in t	erms of reliability?		
1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
6. How woul	ld you rate yourself in t	erms of being a team p	olayer?	
1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding
	tional Comments de any additional comn	nents or feedback that	you would like to	share.
Submitted h	oy:			
Employee Name (Please Print) Date		Signature		
Head of Department (Please Print)		Signature		