

**PERFORMANCE APPRAISAL FORM I (C)  
FOR FACULTIES IN MEDICAL EDUCATION SERVICE  
(NON I A S)**

**PART-I**

**Department** APPRAISAL OF  
Shri.....(in block letters)  
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 working in the present :  
Grade continuously :  
List of subjects dealt with according to office order distributing work:

**EDUCATIONAL AND OTHER QUALIFICATIONS**

	General	Department	Special	other skills if any
1				
2				
3				

**EXPERIENCE**

Department	*Category of work	Period
		<b>From To</b>

**\*Category of work may be any of the following items of work:** Establishment, Teaching & Training, Research, Patient care, supervision and miscellaneous.

### 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	B	C	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.	Commitment				
14.	Professional Growth				
	<b>Total Score</b>				

**Overall Performance** – Rate employee's overall performance in comparison to position duties and responsibilities

Outstanding      Exceeds Expectations      Meets Expectations      Improvement Needed.

2- List and describe the employee's top three accomplishments during the rating period:

1.

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2.

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3.

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3. List and describe the employee's three greatest strengths, giving specific examples of how the employee uses these strengths in his or her position.

1.

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2.

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3.

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4. Identify 3 - 5 goals for the next review year, along with an action plan for accomplishing each one.

1.

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2.

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3.

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4.

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5.

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5. Employee comments

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**Completed by:**

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Employee Name (Please Print)

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Signature with Date

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Head of Dept. (Please Print)

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Signature with Date

**Supervisor's overall rating and comments (Not be reported to the employee)**

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Head of Dept. (Please Print)

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Signature with Date

**Reviewer's overall rating and comments**

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Reviewer (Please Print)

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Signature with Date

## 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.

### Part 1: Career Development

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)

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2. What outcomes and improvements have you seen as a result of the actions described above?

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3. What are the projects and publications you have undertaken during the past year?

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4. What goals would you like to set for yourself to accomplish during the next review period?

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5. What can your supervisor do to help ensure that you are making progress towards accomplishing your professional development goals?

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**Part 2: Performance Traits**

1. How would you rate yourself in terms of consistency?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

2. How would you rate yourself in terms of professional communication skills?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

3. How would you rate yourself in terms of technical skills?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

4. How would you rate yourself in terms of organizational skills?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

5. How would you rate yourself in terms of reliability?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

6. How would you rate yourself in terms of being a team player?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

**Part 3: Additional Comments**

Please provide any additional comments or feedback that you would like to share.

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**Submitted by:**

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Employee Name (Please Print)  
Date

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Signature

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Head of Department (Please Print)  
Date

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Signature