

**Regional Institute of Medical Sciences
Imphal, Manipur**

Annual Performance Appraisal Report

For Non - Faculty Employees of RIMS, Imphal

Name of officer :

Report for the year / Period :

Annual Performance Appraisal Report

PART - I

Ministry/Department/Office

For the year / Period

1. Name :

2. Date of birth :

3. Designation / Post held :

4. Date of continuous appointment to the grade :

5. Present post and date of appointment there to:

6. Period of absence from duty (on training , Leave etc) during the year , if he / she under gone training specify

PART - II (TO BE FILED IN BY OFFICER REPORTED UPON)

(Please read carefully the instructions before filling the entries)

1. Brief description of duties :

--

2 . Please specify target / objectives / goals , (in quantitative or other terms) of work you set for yourself or that were set for you , eight to ten items of work in the order of priority and your achievement against each target (Example Annual Action Plan for your Division) .

Target / Objective / Goals	Achievement

3. Please state briefly , the shortfall with reference to the target / objectives / goals , referred to in item 2. Please specify constraints if any , in achieving the target .

--

4. Please also indicate items in which have been significantly higher achievement and contribution thereto .

--

5 . Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year . If not , the date of filling the return should be given. (**Note : Group C is not included**)

--

Date :

Signature of officer reported upon

PART – III

Numerical grading is to awarded by Reporting and Reviewing Authority, which should be on a scale of 1 to 10, where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling in the entries)

(1) Assessment of work output (weightage to this section would be 40 %)

Sl. No.		Reporting Authority	Reviewing Authority
i.	Accomplishment of planned work / work allotted as per subjects allotted		
ii	Quality of output		
iii	Analytical ability		
iv	Accomplishment of exceptional work / unforeseen tasks performed		
	Overall grading on work output		

(2) . Assessment of personal attributes (weightage to this section would be 30 %)

Sl. No.		Reporting Authority	Reviewing Authority
i.	Attitude to work		
ii.	Sense of responsibility		
iii.	Maintenance of Discipline		
iv	Communication skills		
v	Leadership qualities		
vi	Capacity to work in team spirit		
vii	Capacity to adhere to time – schedule		
viii	Inter – personal relations		
ix	Overall bearing and personality		
	Overall grading on Personal attributes		

(3). Assessment of function competency (weightage to this section would be 30 %)

Sl. No.		Reporting Authority	Reviewing Authority
i.	Knowledge of rules / Regulation / Procedures in the area of function and ability to apply them correctly		
ii.	Strategic planning ability		
iii.	Decision making ability		
iv.	Co - ordination ability		
v.	Ability to motivate and develop subordinates		
vi	Initiative		
	Overall grading on functional competency		

Signature of the Reporting officer

Date:

Signature of the Reviewing officer

Date:

PART – IV

(To be filled by the Reporting Officer)

1. Relation with the public (wherever applicable)

(Please comment on the Officers accessibility to the public and responsiveness to their needs)

2. Training

(Please give recommendation for training with a view to further improving the effectiveness and capabilities of the officer)

3. State of health

4. Integrity

5. Pen picture by Reporting Officer (In about 100 words) in the overall qualities of the officers including area of strengths and lesser strength , extraordinary achievement , significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B, C, in part III of the Report.

Place:

Signature of the reporting officer

Name in block letters:

Designation

Date:

During the period of Report

PART – V
(To be filled by the Reviewing Officer)

1. Length of service under the reviewing officer

--

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part – III & Part – IV ? Do you agree with the assessment of reporting officer in respect of extraordinary achievement / significant failures of the officer reported upon ? (Ref: Part – III (A)(IV)and Part – IV(5).(In case you do not agree with any of the numerical assessment of attributes please record your assessment on the column provided for you in that section and initial your entries).

YES	NO
-----	----

3. In case of disagreement please specify the reason. Is there anything you wish to modify or add?

--

4. Pen picture by Reviewing officer please comment (In about 100 words) on the overall qualities of the officer including area of strengths and lesser strength and his attitude towards weaker section.

--

5. Overall numerical grading on the basis of weightage given in Section – A , Section – B and Section – C in Part – III of Report.

--

Place:

Date:

Signature of the reviewing officer

Name in block letters:

Designation

During the period of Report

DISCLOSE TO OFFICER

Date:

Signature at Disclosure Level