

Standard Appraisal Format of the Institution

CONFIDENTIAL –TO BE RETURNED TO PRINCIPAL OFFICE			
KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES&RESEARCH			
CENTRE			
PERFORMANCE APPRAISAL			
Name			Date of Joining
ID NO.		Department:	Designation
Qualification		Present salary Rs	Date of Last appraisal
Previous EXP: (Yrs)			

PLEASE ☐ APPROPRIATE COLUMN

SL. NO	Parameters	Outstanding	Exceeds Expectation	Meets Expectation	Occasionally Meet	Fails to meet
	Points	5(A)	4(B)	3(c)	2(D)	1(E)
1	Job knowledge	Outstanding <input type="checkbox"/>	Very high <input type="checkbox"/>	High <input type="checkbox"/>	Average <input type="checkbox"/>	poor <input type="checkbox"/>
2	Attitude towards work	Outstanding <input type="checkbox"/>	Very high <input type="checkbox"/>	Positive <input type="checkbox"/>	Neutral <input type="checkbox"/>	Negative <input type="checkbox"/>
3	Initiative	Outstanding <input type="checkbox"/>	Very high <input type="checkbox"/>	High <input type="checkbox"/>	Average <input type="checkbox"/>	Low <input type="checkbox"/>
4	Quality of work	Outstanding <input type="checkbox"/>	very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
5	Quantity of work	Outstanding <input type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
6	Care of entrusted materials	Outstanding <input type="checkbox"/>	Very careful <input type="checkbox"/>	Careful <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
7	Compliance of institutional policies	Outstanding <input type="checkbox"/>	Very careful <input type="checkbox"/>	Careful <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
8	Personality behavior & discipline	Outstanding <input type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>

9	Reliability	Outstanding <input type="checkbox"/>	Very high <input type="checkbox"/>	High <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
10	Publication and presentation	(2+2) <input type="checkbox"/>	(2+1) <input type="checkbox"/>	(1+1) <input type="checkbox"/>	(1) <input type="checkbox"/>	(nil) <input type="checkbox"/>
11	Relationship	Outstanding	Very good	Good	Average	Poor
A	With HOD/Immediate Supervisor					
B	With peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	With patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	With subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Attendance Working Days (to be filled by HRD)	Regular <input type="checkbox"/>	Occasionally Morning Irregular <input type="checkbox"/>	Occasionally Morning /evening Irregular <input type="checkbox"/>	Continuously morning/evening Irregular <input type="checkbox"/>	Always Irregular <input type="checkbox"/>

AREAS REQUIRING ATTENTION/TRAINING/IMPROVEMENT

Appraise Awareness about Appraisal

I am aware of my ratings and comments in this appraisal.

Signature:-

Date:

CAREER ADVANCEMENT

Can be considered for increment

Is the appraise capable of higher responsibility? Yes ☐ No ☐ Can't judge now ☐

APPRAISER'S FINAL COMMENTS

Name:

Destination:

Date:

Signature:

(Note: Support incidents/additional justification is called from appraiser in case of outstanding & poor. kindly mention the designation if there is any change of designation in the appraiser's final comment)

COLLEGE/INSTITUTIONAL PURPOSE

Appreciation/disciplinary issues during the appraising period, if any

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Total rating score: -----/60

Grade:-----

[60-56(A), 55-51(B), 50-46(C), 45-41(D), 40-35(E)] Note: D&E grade not to be considered for increment

Approved/Not Approved, comments if any

AUTHORISED SIGNATORY

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