## Patel Nagar, Dehradun-248001, Uttarakhand

	AL PERFORMANCE APPRAISAL FOR EMPLOYEES FEACHING for Increment for the year)
1. Person	al Data:
1. Nam	e –
2. Date	of birth –
3. Desi	gnation –
•	artment –
	cational Qualification-
6. Date	of appointment –
7. Leng	eth of Service under the reporting officer-
7. Leng	th of Service under the reporting officer- th of Service in the organizationYearsMonths
<ul><li>7. Leng</li><li>8. Leng</li><li>2. SELF A</li></ul>	th of Service in the organization
7. Leng  8. Leng	eth of Service in the organizationYearsMonths
<ul><li>7. Leng</li><li>8. Leng</li><li>2. SELF A</li></ul>	th of Service in the organization
7. Leng  8. Leng  2. SELF A  S.No.	th of Service in the organization
7. Leng  8. Leng  2. SELF A  S.No.  1.	th of Service in the organization
7. Leng 8. Leng 8. SELF A  S.No.  1.	th of Service in the organization

Signature of appraise	Date
signature of appraisett.	······································

## **3. SCALE TO APPRAISAL** (to be filled by Concerned HOD/Dy. Registrar/Computer Lab In charge/Lab In charge/Chief Librarian)

## (1-4 POOR, 5-8 FAIR, 9-12 GOOD, 13-16-VERY GOOD, 17-20 OUTSTANDING)

KEY RESULT AREAS	MAXIMUM MARKS	ASSESSMENT BY APPRAISER
Regularity & Punctuality	20	
Discipline & obedience	20	
Work Output	20	
Work efficiency & effectiveness	20	
Capacity for higher Responsibility	20	
Total	100	

Please Encircle the GRADE: A+/ A /B+/B /C /D

<b>A</b> +/	<b>A</b> /	<b>B</b> +/	<b>B</b> /	<b>C</b> /	D/
Outstanding	Excellent	Very	Good	Average	Below
		Good			Average
90& Above	80 & above but less than 90	70& above but less than 80	60& above but less than 70	50 & above but less than 60	40 & above but less than 50

Is he/She is fit for Promotion/Increment

Yes/No
If no give proper Justification

Integrity (please tick): Above Board or doubtful

Special recommendations/adverse remarks for his/her improvement/development, if any
Signature of Appraiser
Signature of Appraiser
Signature of Appraiser
Signature of Appraiser. Date.  Name Designation.  Remarks of Reviewing Officer (to be filled by Registrar)  Comments.
Signature of Appraiser. Date.  Name Designation.  Remarks of Reviewing Officer (to be filled by Registrar)  Comments.
Signature of Appraiser
Signature of Appraiser
Name
Remarks of Reviewing Officer (to be filled by Registrar)  Comments
Remarks of Reviewing Officer (to be filled by Registrar)  Comments
Comments.
Name & Signature
Designation
Remarks of accepting Officer (to be filled by Vice-Chancellor)
Comments, if any:
Name & Signature
Designation