



PERFORMANCE APPRAISAL FORM

SELF APPRAISAL

Name : Date of Appointment :

EMP ID : Present Scale of Pay / Salary :

Designation: Educational Qualification

Department : Professional Qualification

1. Additional Educational Qualification acquired if any (After the last appraisal)

Qualification	Specialization	University	Year of Pass	% of Marks

2. Training Programme attended (After the last appraisal)

Subject	Duration of Training	Conducted by	Remarks (if any) .

3. Self Assessment by the Employee

(Job satisfaction, Service conditions, Co-operation from workers / superiors, Suggestions etc should be included)

Signature of the Employee

Date



PERFORMANCE APPRAISAL FORM
ASSESSMENT BY DEPARTMENT HEAD

Name Designation

Department Period of Appraisal : From To.....

Sl.No	Rating Factors	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1	Job Knowledge					
2	Work Productivity, Skills & Work Consistency					
3	Reliability					
4	Initiative					
5	Interpersonal Relationship & Communicaton Skills					
6	Co-operation & Attitude					
7	Conduct					
8	Attendance & Punctuality					
9	Integrity & Loyalty					
10	Appearance & Grooming					

Total score : =
50 100

1. Comments of the HOD / In charge (Mandatory)

2. Comments of the Director of Institution

3. Comments of the Manager - (HR)

4. Comments of Director (HR)