

DISTRICT HEALTH & FAMILY WELFARE SOCIETY

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PERFORMANCE REVIEW FORM for PROs

For the period April 2012 to March 2013

Name (in Block Letters)	
Designation & Programme	
Age & Date of Birth	
Date of Entry in NRHM	
Date of entry in the present post	
Consolidated Pay	
List of activities / Programmes dealt with	

EDUCATIONAL QUALIFICATIONS

1.
2.
3.
4.
5.

EXPERIENCE

Department	Nature of Work / Programmes	Period		Outcome (Qualitative & Quantitative)
		From	To	

CONFIDENTIAL

(Not to be shown to the Officer reported up on)

Sl.No	Factors	Yes	No
1.	Suitability for assignment of sensitive duties		
2.	Has anything been noticed which reflects adversely on the Officer's Loyalty		
3.	Has there been any complaint/other adverse remarks		
4.	Whether officer sincerely execute his duties		
5.	Whether showing any favoritism in discharging his/her duties		
6.	Whether any preliminary finding regarding corrupt practices of the officer		
7	Whether the Officer requires any training for his present job		
8	Whether the Officer is capable of doing better work		
9	Whether the Officer is competent to do the work		
10	Whether the Officer is to be repatriated to his/her parent department/Terminated		
11	Details of the Disciplinary actions if any		

Remarks and signature of Superintendent/MO in Charge:

Remarks and signature of Chief Executive Officer/District Programme Manager

