

**DISTRICT HEALTH & FAMILY WELFARE SOCIETY**

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**PERFORMANCE REVIEW FORM of SHP JPHN**

**For the period from 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	

- **Please highlight the earlier jobs whose experiences can be attributed to the present Job skill**

**CONFIDENTIAL**

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

<b>Sl.No</b>	<b>Factors</b>	<b>Yes</b>	<b>No</b>
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



**Physical Achievements**

<b>Name of JPHN</b>	<b>Number of schools under the JPHN</b>	<b>Total Number of students</b>	<b>Total Number of students screened</b>	<b>Number of ARSH seminar conducted</b>	<b>Number of Doctors visits done</b>	<b>Total health club activities completed</b>	<b>Number of specialty camps done</b>

**Remarks of DPM if any:**