

STATE HEALTH & FAMILY WELFARE SOCIETY THIRUVANANTHAPURAM

**PERFORMANCE REVIEW FORM Doctor/Staff Nurse
Pharmacist/LT/Radiographer/physiotherapist & paramedics except
School Health JPHN & urban JPHNs**

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	

PERFORMANCE REVIEW											
Sl. N O.	Parameters	Self Review					Superintendent/Medical Officer's Assessment				
		Excellent	Very good	Good	Average	Below Average	Excellent	Very good	Good	Average	Below Average
1	Punctuality										
2	Attendance										
3	Team Player										
4	Implementation of Programmes										
5	Managerial Ability(Art of getting things done)										
6	Communication Skills										
7	Intelligence										
8	Initiative & Resourcefulness										
9	Discipline										
10	Co-operation & Human Relations										
11	Interest in the Assignment										
12	Idea/Concept Generation										
13	Dependability										
14	Ability to communicate and receptivity of ideas of others										
15	Job Knowledge										
16	Documentation skills										
17	Noting, Drafting & Office Procedures										
18	Feedback from the community/customer										
19	Coordination Skills										
20	Compliance with Hospital regulations										

Scores **Excellent (5) >90%** **Very good (4) 90-80%** **Good (3) 70-80%**
 Average (2) 50-70% **below Average (1)< 50%**

SCORE SHEET

Self Assessment				
Sl.No (a)	Assessment (b)	Score (c)	Points (d)	Total <u>exd</u>
1	Excellent		5	
2	Very Good		4	
3	Good		3	
4	Average		2	
5	Below Average		1	
Total				

Superintendent/Medical Officer's Assessment				
Sl. No (a)	Assessment (b)	Score (c)	Points (d)	Total <u>exd</u>
1	Excellent		5	
2	Very Good		4	
3	Good		3	
4	Average		2	
5	Below Average		1	
Total				

Signature of the Individual

**Signature of
Superintendent/Medical Officer**

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/Medical Officer

Remarks and signature of Chief Executive officer/ District Programme Manager (NRHM)