

**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES, SAIFAI, ETAWAH**

**FORM FOR ANNUAL CONFIDENTIAL REPORT**

**(FOR CLASS – I OFFICERS)**

REPORT FOR THE YEAR/PERIOD ENDING: .....

**PART-I**

**(PERSONAL DATA)**

**(To be filled by the Officer himself)**

1. Name of the Officer : .....
2. Designation : .....
3. Present post held & date of : .....  
appointment thereto
4. Period of absence from duty on leave, : .....  
training etc. During the year with details thereto

(Signature of the Officer/Employee)

**PART-II**

**SELF APPRAISAL IN ABOUT 300 WORDS**

(If space is not sufficient the officer may write his self appraisal in a separate sheet)

Signature of the Officer

**PART-III**

(Assessment by the Reporting Officer)

- State of health : -----
- Attendance : -----
- General Assessment regarding work : -----
1. Knowledge of work entrusted : -----
2. Quality of work performed : -----
3. Commitment to work assigned : -----
4. Devotion to duty : -----
5. Initiative : -----
6. Willingness to accept responsibility : -----
7. Relation with colleagues and patients/public : -----
8. Punctuality & availability on seat : -----
9. If the employee has been issued warning : -----  
during the period or any other disciplinary action  
taken, the details about it
10. Any special achievement during the period : -----
11. Integrity (Certified/Not Certified) : -----
12. Recommendation for probation : -----  
(Termination/Extension)
13. Any other : -----
14. Overall Rating: Poor/Average/ Good/ Excellent/Outstanding : -----
- (D) (C) (B) (A) (A+)

Signature of Head of the Deptt.  
(With Rubber Stamp)

**PART-IV**

*(Remarks of Reviewing Authority)*

1. Length of service under reviewing authority : -----
  
2. Do you agree or disagree with the assessment of (Name of Officer) given by the Reporting Authority? If there is anything you wish to modify or add. : -----
  
3. Fitness for promotion to higher grade in turn : -----
  - a. Fit
  - b. Not Yet Fit
  - c. Unfit(If not yet fit or unfit, the reason to be recorded)
  
4. Recommendation regarding suitability for other higher level job : -----

Signature of the Reviewing Authority  
(With Rubber Stamp)

**PART-V**

*(Remarks of the Accepting Authority)*  
(i.e. Next Superior Officer)

Signature of the Accepting Authority

***Instructions :-***

1. During probation period, reporting officer should make objective assessment at department level at three monthly Interval, and if the employee is rated average or poor then this must be reported to the reviewing officer. In case the first two 3 monthly departmental assessment reports are not upto the mark then for next six months the employee should be transferred under another reporting officer who would make next two 3 monthly assessment reports at department level and report them to the reviewing officer. The final recommendation for termination/extension of probation period would be taken by the reviewing officer based on the four three monthly reports.
  
2. If the Reviewing/Accepting Authority differ with the overall rating given by the Reporting Officer, the same shall be recorded.
  
3. If there is any adverse entry, the same shall be communicated to the employee.