

Uttar Pradesh University of Medical Sciences, Saifai, Etawah
FORM FOR ANNUAL CONFIDENTIAL REPORT
(ONLY FOR CLASS-IV EMPLOYEES)

YEAR/PERIOD :

1. Name of the employee :
 2. Designation :
 3. Date of Joining :
 4. Place of Present Posting :
 5. Period under review :
 6. Commitment to work assigned :
 7. Devotion to duty :
 8. Relation with Colleagues and Officers :
 9. Public Relation :
 10. Integrity (Certified/Not Certified) :
 11. Any special remarks :
 12. Recommendation for probation
(Termination/Extension) :
 13. Overall Rating : Poor/Average/Very Good/Excellent/Outstanding :
- (D) (C) (B) (A) (A+)

Signature of Reporting Officer/H.O.D.
With Rubber Stamp

Signature of the Reviewing Authority
With Rubber Stamp

Signature of the Accepting Authority
With Rubber Stamp

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 to 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.