Uttar Pradesh University of Medical Sciences, Saifai, Etawah FORM FOR ANNUAL CONFIDENTIAL REPORT (FOR ALL CLASS-II AND CLASS-III EMPLOYEES)

RE	PORT FOR THE YEAR/PERIOD ENDIN	IG :										
PART-I (PERSONAL DATA) (To be filled by the Officer/Employee)												
1.	Name of the employee	1										
2.	Designation											
3.	Present post held & date of appointmen thereto/Date of Joining	t										
4.	Period of absence from duty on leave, training etc. During the year with details											
	thereto	:										
	*.	(Signature of the Officer/Employee)										
	PART-II (Assessment by the Reporting Officer)											
Stat	e of health											
Atte	ndance											
Gen	eral assessment regarding work											
1.	Knowledge of work entrusted	<u></u>										
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 and availability on seat											
9.	If the employee has been issued warning during the period, the details about it	g :										
10.	Any special achievement during the peri	iod :										
1.	1 1 1 10 10											
2.	Recommendation for probation											

	13.	Any other							
	14.	Overall Ratin	ng: Poor/	Average	Very Good/				
			(D)	(C)	(B)	(A)	(A+)		···········
							(,,,		
(f, Pr	ature of Nodal imary Report er than HOD)	ing Office	er			Signatu (W	ire of Head of th /ith Rubber Stan	e Deptt.
						RT-III			
				(Rema	rks of Rev	iewing A	Authority)		
					14				
1.	. Le	ngth of Service	e under	reviewing	g authority.	:			
2.	of (you agree or (Name of Offi thority? If the dify or add.	disagreecer) give	with the	e assessmer Reporting	nt			
3.	Fitr	ness for prom	otion to h	nigher gra	ade in turn	:			*******
	a.	Fit							
	b. I	Not Yet Fit							
	c. I	Unfit							
4.	Recommendation regarding suitability for other space of work.								
							Ciamatan		
							Signature of	the Reviewing / (With Rubbe	Authority r Stamp)

PART-IV (Remarks of the Accepting Authority)

(i.e. Next Superior Officer)

Instructions :-

- Signature of the Accepting Authority
- 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.