

JORHAT MEDICAL COLLEGE & HOSPITAL, JORHAT
Annual Confidential Report for Non-Gazetted Staff

Report for the year / period ending

-
1. Employee's name : _____
 2. Designation : _____
 3. Official address : _____
 4. Date of first employment in JMCH : _____
 5. Date of birth : _____
 6. Date of retirement (based on date of birth in Service Book) : _____

PART A : ASSESSMENT OF THE INCUMBENT (TO BE FILLED IN BY REPORTING OFFICER)
(Please give your assessment against each indicator in a narrative form without using any ambiguous and incomprehensible language.)

1. Attendance and amenability to discipline:
2. Promptness in disposal of files etc. and quality of performance:
3. Communication skill (Oral & writing):
4. Additional skill acquired (like computer programming) and efficiency thereupon:
5. Sincerity and devotion to duty:
6. Initiative, creativeness, resourcefulness, willingness to take responsibility and leadership qualities:
7. Adequacy of level of Knowledge / intelligence commensurate with the functions of the job:
8. Ability to understand and apply instructions:
9. Ability of critical examination, weighing the pros and cons of matters:
10. Relationship with superiors, colleagues and subordinates:
11. Attitude towards members of other religions, communities, castes and weaker sections of the society:
12. Punishment/ warning imposed on or explanation asked for, if any, from the incumbent:

13. Award/recognition/commendation, if any, given to the incumbent:
14. Character, integrity and trustworthiness:
15. Public manners and courtesy:
16. Willingness for self-improvement/development for better performance:
17. Fitness or otherwise for advancement to the next higher rank:
18. Any other remark:
19. Overall Grading: (Encircle the appropriate grade assigned)

*Outstanding / Very good / Good / Average / *Below average

(*Outstanding / Below Average should be substantiated by justification)

Submitted to the Reviewing Authority on (date) : _____

Signature of the Reporting Officer : _____

Name (in Block Letter) : _____

Designation : _____

PART B : REMARKS OF THE REVIEWING AUTHORITY

1. Do you agree with the assessment of the incumbent made by the Reporting Officer? If not, indicate the items /aspects on which you disagree and give your own assessment on those items/aspects.
2. General remarks on Overall grading by the Reporting Officer (You may assign your own grade, if not in agreement with Reporting Officer's grade):
3. Has the incumbent any special characteristics and/or any abilities which would justify his/her promotion out of turn? If so, please specify:

Submitted to the Accepting Authority on (date) : _____

Signature of the Reviewing Officer : _____

Name (in Block Letter) : _____

Designation : _____

Remarks of Accepting Authority :

Signature of Accepting Authority : _____

Name : _____

Designation : _____

Date & Place : _____