



All India Institute of Medical Sciences, Bilaspur

Annual Performance Assessment Report (APAR)

नर्सिंग कैडर

Nursing Cadre

Reporting Period: to.....

Name of Employee : _____

Date of Birth : _____

Employee ID : _____

Reporting, Reviewing and Accepting Authorities:

Channel of Reporting	Name and Designation	Period covered in year
Reporting Authority		
Reviewing Authority		
Accepting Authority		

ANNUAL PERFORMANCE APPRAISAL REPORTReport for year/period ending **April- to March-****Personal Data**

(To be filled by the officer)

1.1	Name of Employee	
1.2	Employee ID No:	
1.3	Present designation of employee	
1.4	Date of Joining in service	
1.5	Department/Section/Unit	
1.6	Date of Birth	
1.7	Date of continuous appointment to present grade:	
1.8	Qualifications (Degree and diploma)	
1.9	Present post and date of posting thereto	
1.10	Period of discontinuity from duty (On account of Leave) On account of Training /other official Assignments	
1.11	Whether belongs to SC/ST/OBC/PH Community?	
1.12	Inland/Foreign Training / Refresher Courses undertaken and Professional qualification attained	
1.13	Fellowship/Membership of Professional Bodies/: Department Exam qualified	
1.14	Registration Number under Nursing Council Act And date upto which it is valid	

1.15 Details of appointments held.

POST/ DESIGNATION	DEPARTMENT	FROM	TO	LEVEL OF PAY	SCALE OF PAY

**If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.*

Signature of the officer.....

Part - II
Self-Appraisal for year
(To be filled by Officer Reported upon)

2.1: Brief description of duties of post:

[Empty box for description of duties]

2.2 Please specify quantitative/physical/financial/targets/objectives set for yourself or that were set for you and your achievement against each target:

Target

Achievements

[Empty table for targets and achievements]

**If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.*

Signature of the officer.....

2.3 Please indicate significant higher achievements in relation to targets and your contribution thereto.

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2.4 Please state briefly shortfalls with reference to targets/objectives referred to in coloum2.2. Please specify constraints, if any, in achieving targets.

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2.5. Please state whether Annual Return on Immovable property for process during Calendar Year was filled within prescribed date i.e. 31st January of year following Calendar year. If not date of filing return should be given_____.

Date:

(Officer Reported upon Signature with Date)

**If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.*

Part - III- A
Descriptive Part

(To be filled in by Reporting Authority)

- i) Reporting officer will be required to indicate areas of strength and lesser strength.

- ii) Attitude towards Schedule Castes/Schedule tribes/Weaker sections of society.

- iii) Relation with out side agencies/public.

- iv) Training (Please give recommendations for training with a view of further improving effectiveness and professional competence/capability of officer).

- v) State of health: -

- vi) State Integrity: -

Part - III- B
Numerical Assessment

i) Assessment of work output (weightage to this section would be 40%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Accomplishment of planning work/ work allotted as per subject allotted			
ii) Quality of output			
iii) Analytical ability			
iv) Accomplishment of exceptional work/ unforeseen tasks performed			
Overall Grading on "Work Output". (i+ii+iii+iv)/4)			

ii) Assessment of personal attributes (weightage to this section would be 30%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of discipline			
iv) Communication Skills			
v) Leadership Quality			
vi) Capacity to work in team spirit			
vii) Capacity to work in time schedule			
viii) Inter-personal relations with indoor and outdoor patients			
Overall Grading on "Personal Attribute". (i+ii+iii+iv+v+vi+vii+viii)/8)			

iii) Assessment of personal attributes (weightage to this section would be 30%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Knowledge of Rules/ Regulations / procedures in area of function and ability to apply them correctly.			
ii) Strategic planning ability			
iii) Decision making ability			
iv) Coordination ability			
v) Ability to motivate and develop subordinates			
Overall Grading on "Functional Competency". (i+ii+iii+iv+v)/5)			

iv) Pen-Picture about officer reported upon:

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
Overall Grading in 1-10 point scale (After computing weightages specified in Part -III- B- i, ii, & iii) .			

Date:

Place:

(Signature of Reporting Officer)

Name in Block Letters:

Designation:

During period of Report:

Part - IV

Remarks of Reviewing Authority

(To be filled up by Reviewing Authority after filling up numeric Part -III- B- i, ii, & iii)

i) **Length of Service under Reviewing Authority:**

ii) **Do you agree with assessment made by Reporting Officer with respect to work output and various attributes in Part -III. In case you do not agree with any of numerical assessment or attitudes, please record your assessment in column provided for in that Part and initial your entries.**

Yes	No
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iii) **In case of difference of opinion details and reasons for same may be given remarks/observation on Pen Picture by Reporting Officer:**

Date:

Place:

(Signature of Reviewing Authority)

Name in Block Letters:

Designation :

During period of Report: