

No.EA4/1665/2018/HRD (2)

Name of Institution :

Name of employee and present institution :

Details of service (regular only) rendered by the employee as on the date of notification.

Sl. No	Details of service under IHRD	Service		Total period			Remarks
		From	Total	Year	Month	Day	
1.	Junior office Assistant						
2.	Office Assistant						
3.	Senior Office Assistant						

Details of Leave Without Allowance if any availed specifying the period of leave, nature of leave (separate sheet will be attached if necessary).

Certified that, the above details have been verified with reference to the Service Book of the employee concerned and found correct.

Place :
Date :

Signature :
Name :
Designation of
Head of Institution :

(Office Seal)

PERFORMANCE EVALUATION REPORT

In respect of

Sri./Smt.....

1.	<i>Name of Employee & Designation</i>	
2.	<i>Date of birth</i>	
3.	<i>Qualification</i>	
4.	<i>Details of commencement of regular service in the present designation</i>	
5.	<i>No. of years experience in office work under IHRD</i>	
6.	<i>Date of passing of Account Test Lower</i>	
7.	<i>Date of passing of MOP</i>	
8.	<i>Date from which the employee is working in the present institution</i>	
9.	<i>Details of leave other than casual leave availed of by the employee during the last two years.</i>	
10.	<i>Nature of duties and responsibilities assigned</i>	
11.	<i>Quality of output in work</i>	
12.	<i>Knowledge of sphere of work</i>	
13.	<i>Whether he/she is effective in the day to day work.</i>	
14.	<i>Initiative on the post of the employee</i>	
15.	<i>Attitude to work</i>	

16.	<i>Has the employee been reprimanded for indifferent work or for other causes? If so, please give particulars.</i>	
17.	<i>Interpersonal relationship and team spirit</i>	
18.	<i>Health</i>	
19.	<i>Integrity</i>	
20.	<i>Punctuality</i>	
21.	<i>General assessment</i>	
22.	<i>Grading (Outstanding/Very Good/Good/Average/Below Average)</i>	
23.	<i>General Remarks</i>	

*Certified that the assessment of Performance of
Sri./Smt.....is accurate to
the best of my knowledge and belief.*

Place:

Date :

Signature :

Name :

Designation :

Institution :