## SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICA , SCIENCES, LUCKNOW FORM FOR ANNUAL CONFIDENTIAL REPORT (FOR ALL CLASS - II AND CLASS - III EMPLOYEES)

RE	PORT FOR THE YEAR/PERIOD ENDING	<u>)                                    </u>	<u> </u>	
, u	PAR' (PERSONA (To be filled by the	L DATA)	S. mature of Nodal Others fit, Primary Reporting Cacer	
1.	Name of the Employee :		GCR Cordinad	
2.	2 03 8 11111			
3.	Present post held & date of appointment thereto:			
4.	Period of absence from duty on leave, : training etc. During the year with details thereto	de en adiseu efe d gar inog da gelij ge		
		(Sig	nature of the Officer/Employee)	
	PAR (Assessment by the		'aess fer proportion to high	
Sta	ate of health			
At	tendance			
General assessment regarding work				
1.	Knowledge of work entrusted :		vitrose tri figinge	
2.	Quality of work performed :			
3.	Commitment to work assigned :	A. 46		
4.	Devotion to duty :			
5.	Initiative :	5 1X82 130		
6	Willingness to accept responsibility :		s (gitte -	
7.	Relation with colleagues and patients/public :	ontodž ržožija i rajolot	. During probation period, 1st	
8.	Punctuality and availability on seat :	ve batm si savoiqua	adi Nobas James Indones	
9.	If the employee has been issued warning redon:during the period, the details about it		<del>stantigoligus vagaliandad.</del> a yldedda E owa boa o'i	
	. Any special achievement during the period :		rind for the treatment business of the first	
11 12				

13. Recommendation for probation (Termination / Extension)

14. Any other	Francial Charles and Charles and Charles
1. Overall Rating: Poor/Average/Good/Exce	ent/Outstanding:
(D) (C) (B) (A)	(A+)
Signature of Nodal Officer (If, Primary Reporting Officer is other than HOD)	Signature of Head of the Deptt (With Rubber Stamp)
	PART-III
(Remarks of	f Reviewing Authority)
1. Length of service under reviewing authority	
	The first of absence of the control of the borners of
2. Do you agree or disagree with the assessment of (Name of Officer) given by the Reporting	:
Authority? If there is anything you wish to modify or add.	
3. Fitness for promotion to higher grade in turn	At his yet magasesse as
<ul><li>a. Fit</li><li>b. Not Yet Fit</li><li>c. Unfit</li></ul>	
4. Recommendation regarding suitability for other	er :
space of work	
	Signature of the Reviewing Authorit (With Rubber Stamp
	PART-IV
	the Accepting Authority) ext Superior Officer)
Instructions : -	Signature of the Accepting Authorit
1. During probation period, reporting officer sh	nould make objective assessment at department level at three

- 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 by 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