**PERFORMANCE APPRAISAL PERFORMA FOR CONTRACTUAL STAFF RECRUITED FOR SHS(D) & IDHSs UNDER DSHM**

**PROFORMA No. \_\_\_\_ (FOR THE POST OF SPECIALISTS)**

**(Duration of the period reported upon: from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Part-I to be filled in by the Employee:**

1. Name of the officer/official

 (Full Name in Block Letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and Employee Code

2. Name of Spouse/ Parent : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Qualification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Initial appointment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 on contract basis:

6. Period of absence from duty : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Sanctioned Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Any other reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Resume of the work done :

 (To be filled in by the employee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 (A) Please state briefly, the shortfalls with reference to the targets/objectives/goals referred to in item 7. Please specify constraints, if any, in achieving the targets.

8.(B) Any special contribution/achievement

Date : \_\_\_\_\_\_\_\_\_\_\_ Signature of Employee

**Part II: Self Assessment of Employee (As applicable)**

**a). For Gynecologist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity Performed** | **Achievements** | **Constraints** | Not applicable |
|  | High risk pregnancies managed /referred  |  |  |  |
|  | Complicated delivery managed and /or number of LSCS ( as relevant) |  |  |  |
|  | Number of PPIUCD inserted/facilitated /supervised  |  |  |  |
|  | Counseling and motivational skills in family planning (total Family planning performance including IUCD + Tubectomy + NSV referred/got done) |  |  |  |
|  | Number of MTP/spontaneous abortions managed  |  |  |  |

**b). For Anesthetist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity** | **Achievements** | **Constraints** | **Not applicable** |
|  | Number of obstetric cases got done |  |  |  |
|  | Number of family planning cases got done. |  |  |  |
|  | Other cases including MTP/ Gynae surgeries/ any other (specify) |  |  |  |
|  | Number of cases resuscitated (obstetric cases) |  |  |  |
|  | Number of resuscitated (newborn cases) |  |  |  |

**c). For Paediatrician**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity** | **Achievements** | **Constraints** | **Not applicable** |
|  | Total Number of Newborn Babies attended  |  |  |  |
|  | Number of high risk deliveries or LSCS attended |  |  |  |
|  | Number of Babies followed up in Post Natal Ward |  |  |  |
|  | Number of Sick Newborns admitted in SNCU during duty periods (give breakup of inborn & outborn referred)  |  |  |  |
|  | Number of parents counselled at the time of Discharge |  |  |  |

**Signature:**

**Name of Employee:**

**Part III (A1). Common Assessment Performa for Specialists: (To be filled by the reporting officer)**

(weightage to this section (Both Part III A1 and A2) would be 70%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Assessment****(Tick Mark)** | **Scores****Obtained**  | **Not applicable** |
|  | **Clinical Skills** | **1** | **2** | **3** | **4** |
|  | Quality of Patient Care including diagnosis and Management |  |  |  |  |  |  |
|  | Practical skills  |  |  |  |  |  |  |
|  | Rate of complicated cases  |  |  |  |  |  |  |
|  | **RCH related activities**  |  |  |  |  |  |  |
|  | Knowledge & implementation of schemes  |  |  |  |  |  |  |
|  | Pro active approach in promotion of programme related scheme  |  |  |  |  |  |  |
|  | **Supervision Activities**  |  |  |  |  |  |  |
|  | Co-ordination & On job training of subordinate staff |  |  |  |  |  |  |
|  | Problem solving skills  |  |  |  |  |  |  |
| **D**. | **Recording and reporting activities** |  |  |  |  |  |  |
|  | Documentation of activities including register maintenance and authentication  |  |  |  |  |  |  |
|  | Timeliness in submission of reports(Particularly HMIS) and SOEs to concerned Officers |  |  |  |  |  |  |
|  | Compilation and validation of reports |  |  |  |  |  |  |
| **Score Sub Total: A1** |  |  |

**Part III (A2). Specific Assessment Performa (As applicable)**

**a). For Gynecologist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity Performed** | **Assessment****(On basis of Monthly Average achieved )** | **Scores****Obtained** | **Not applicable** |
|  |  | **1** | **2** | **3** | **4** |  |  |
|  | High risk pregnancies managed /referred  |  |  |  |  |  |  |
|  | Complicated delivery managed and /or number of LSCS ( as relevant) |  |  |  |  |  |  |
|  | Number of PPIUCD inserted/facilitated /supervised  |  |  |  |  |  |  |
|  | Counseling and motivational skills in family planning (total Family planning performance including IUCD + Tubectomy + NSV referred/got done) |  |  |  |  |  |  |
|  | Number of MTP/spontaneous abortions managed  |  |  |  |  |  |  |

**b). For Anesthetist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity** | **Assessment****(On basis of Monthly Average achieved )** | **Scores****Obtained** | **Not applicable** |
|  |  | **1** | **2** | **3** | **4** |  |  |
|  | Number of obstetric cases got done |  |  |  |  |  |  |
|  | Number of family planning cases got done. |  |  |  |  |  |  |
|  | Other cases including MTP/ Gynae surgeries/ any other (specify) |  |  |  |  |  |  |
|  | Number of cases resuscitated (obstetric cases) |  |  |  |  |  |  |
|  | Number of resuscitated (newborn cases) |  |  |  |  |  |  |

**c). For Paediatrician**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Activity** | **Assessment****(On basis of Monthly Average achieved )** | **Scores****Obtained** | **Not applicable** |
|  |  | **1** | **2** | **3** | **4** |  |  |
|  | Total Number of Newborn Babies attended  |  |  |  |  |  |  |
|  | Number of high risk deliveries or LSCS attended |  |  |  |  |  |  |
|  | Number of Babies followed up in Post Natal Ward |  |  |  |  |  |  |
|  | Number of Sick Newborns admitted in SNCU during duty periods (give breakup of inborn & outborn referred) |  |  |  |  |  |  |
|  | Number of parents counselled at the time of Discharge |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Sub Total A2** |  |

|  |  |
| --- | --- |
| **Grand Total Part III (A1 + A2)** |  |

**Note for Reporting Officer: Score should be as follows:**

**4: Out Standing 3: Very Good 2: Good 1: Average**

**Signature and Name of reporting officer**

**PART-III (B)** Assessment of personal / functional attributes (weightage to this section would be 30%)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reporting Authority (Assessment Scale 1 to 5)** | **Reviewing Authority (Assessment Scale 1 to 5)** | **Initial of Reviewing Authority** |
| i) Punctuality & discipline |  |  |  |
| ii) Attitude/behavior towards  |  |  |  |
| a) patients/public |  |  |  |
| b) Seniors |  |  |  |
| c) Colleagues |  |  |  |
| d) Subordinate |  |  |  |
| iii) Ability to coordinate and work in a team |  |  |  |
| iv) Reliability/sense of responsibility |  |  |  |
| v) Communication Skills |  |  |  |
| vi)Accuracy and quality of output  |  |  |  |
| vii) Ability to meet deadline |  |  |  |
| viii) No. of times & days unauthorized leave availed |  |  |  |
| ix) Any advisory/memo given to the employee during existing contract period.If, yes copy may be attached.  |  |  |  |
| x) Knowledge level in the area of work |  |  |  |
| xi) Level of technical skill in the area of work |  |  |  |
| xii) Knowledge level of govt. rules & procedures related in general and in the area of work. |  |  |  |
| **Score on ‘Personal Attributes’** |  |  |  |

**PART III C.**

**Overall numerical grading of employee: Weightage to Performance (Part-IIIA1 & A2)is 70% and Personal attributes (Part-III B)is 30%.**

1. Outstanding (75% or above)
2. Very Good (61-74%)
3. Good (50-60%)
4. Average (41-50%)
5. Unsatisfactory (40% & below)

**PART III D**

**(Assessment of officer’s overall work in his/her particular position) & Comments, Recommendations for renewal of contract:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Reporting Officer)

Place:………….. Name in Block Letters:………………………….

Date................... Designation:………………… Stamp …….........

 **PART-IV: (To be filled in by reviewing officer)**

|  |
| --- |
|  |

 **(A) Length of service under the Reviewing Officer**

**(B) Comments of Reviewing Officer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Grading of Employee: Weightage to Performance (Part-2A) is 70% and Personal / functional attributes (Part-2B) is 30%.**

1. Outstanding (75% or above)
2. Very Good (61-74%)
3. Good (50-60%)
4. Average (41-50%)
5. Unsatisfactory (40% & below)

**Signature of Reviewing Officer**

 **(Name in block letters)**

**with Stamp**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** (Guidelines for Reporting/ Reviewing Officer)

Reporting Officer (to complete Part-III) - MOI/C, In-Charge Mty. Home/Prog./ Nodal Officer/ Head of Deptt.

Reviewing Officer(to complete Part-IV):- MS, CDMO

\* This is indicative list (may not be exhaustive).

 **HOW TO DO ASSESSMENT FOR POINTWISE SCORE AND OVERALL GRADING FOR THE POST OF SPESILAISTS DOCTORS**

1. Part-I & Part II of the Performa will be filled by the Concerned Employee. where in Part I from Point 1 to 6are coveringpersonal details and may be filled initially and resume part will be covered in point no. 7.
2. Then for convenience and clarity employee may fill up Part No. II that is specialty wise respective assessment table where his / her work output related parameters in the achievement column may be given. If any employee feels there was bottleneck/constraint in achieving the desired output in any activity which is beyond his/her control the same may be mentioned in the constraint column against that activity. If any of the activity is not being performed by the employee N.A. may be mentioned in not applicable column
3. Then employee may revert back and complete point no. 8 A & B where employee can write briefly shortfalls etc. at point No.8-A (which could not be mentioned in Part II) and any special contribution/achievement may be mentioned in Point 8-B respectively.
4. III. A1 & A2 to be filled by the Reporting officer. This Part is showing activities to be performed by Employee, Score Assessment Tool is given in next four columns and depending upon the level of the activity achieved, the Reporting officer will assess the performance of the employee on the scale of 1 to 4. If any of the activity is not being performed by the employee N.A. may be mentioned in not applicable column.
5. Part-III B will be filled by the reporting officer which is covering personal attributes of the employee. Reporting officer will assess the employee on a scale of 1 to 5 for every attribute and sub-attribute where 1 is the lowest and 5 is the highest score.
6. **Weightage Criteria:** Weightage for the Part-III A1 & A2 is 70% and Part-III B is 30%.
7. **OVERALL GRADING:**
	1. Outstanding (75% or above)
	2. Very Good (61-74%)
	3. Good (50-60%)
	4. Average (41- 50%)
	5. Unsatisfactory (40% and below)
8. **Recommendations:-** The Controlling Officer is requested to recommend renewal of the employee whose overall gradings are Outstanding, Very Good and Good. If grading is average or unsatisfactory and Controlling Officer is convinced that the reasons for poor performance are beyond the control of the concerned employee (Highlighted in the bottlenecks/constraints by the employee) he can recommend for renewal of contract or otherwise giving justification. If the overall grading is ‘Average’ and “Unsatisfactory’ and there were no constraints then reporting officer will communicate to the employee for improving the performance in writing and employee may again be reviewed after sometime or may not recommend for renewal of contract.
9. **PART-3:** To be filled in by reviewing officer: While reviewing, if the officer thinks otherwise with the assessment scoring of reporting officer of the employee given in Part-2 B (above), may give own review scoring in the column no. 3 accordingly. The comments may be given in the provided space.