



Dr. Vithalrao Vikhe Patil Foundation's

MEDICAL COLLEGE

Opp. Govt. Milk Dairy, Vadgaon Gupta, M.I.D.C.,
Ahmednagar - 414 111

E-mail: vims.anr@gmail.com Website: www.vims.edu.in



SELF APPRAISAL FORM

STAFF ACTIVITY REPORT FOR THE PERIOD FROM _____ TO _____

(To be filled by the Non-teaching Staff)

1] Name in full :- _____
Surname Name Father's/Husband's Name

2] Designation : _____ 3) Joining date :- _____

4) Department : _____ 5) Qualification : _____

6] Employee ID No.: _____

7] Leave taken during the year :-

i] C.L:- _____ ii] S.L :- _____ iii] P.L :- _____ iv] L.W.P :- _____

v] Other :- _____

8] Present Duties :- _____

9] Special Contribution for the Institute / Foundation :- _____

10] Special achievements / relevant Information during appraisal period :- _____

Place :- Ahmednagar

Date :- / / 20

Signature of staff member

(Name :-)



PERFORMANCE APPRAISAL (NON-TEACHING STAFF)
FOR THE PERIOD FROM / /20 TO / /20
(To be filled by Head of the Department)

PART- (A)

1] Name :- _____

2] Designation: - _____ 3] Department: - _____

4] Assessment:-Personal Qualities & Job Performance

Excellent :-9-10	Good :- 7-8	Average :- 5-6	Poor :- 1-4
Factors	Rating	Factors	Rating
Initiative		Application of knowledge / skills	
Written Communication		Punctuality in work	
Relation with Superior		Punctuality in Attendance	
Relation with Colleagues		Participation in College/ Hospital Activities	
Relationship with Patient / Customer/ Student		Dedication to work	
Final Total			

5] HOD Remark: - _____

Date :- / / 20

Signature of HOD

PART –[B] (To be filled by Dean / M.S / Reviewing Authority)

1] Assessment by HOD is :- Liberal /Justified /Strict

2] Overall grading:-

Poor	Average	Good	Excellent	Outstanding
25 and below	26-50	51-70	71-90	91-100

3] Remarks of Dean / M.S :- _____
(Reviewing authority)

Place :- Ahmednagar

Date :- / / 20

Signature of Dean / M.S /Reviewing Authority