

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

REPORT FOR THE YEAR/PERIOD ENDING -----

**PART-I**

(PERSONAL DATA)

(To be filled by the Officer/Employee)

1. Name of the Employee : -----
2. Designation : -----
3. Present post held & date of appointment thereto : -----
4. Period of absence from duty on leave, training etc. During the year with details thereto : -----

(Signature of the Officer/Employee)

**PART-II**

(Assessment by the Reporting Officer)

State of health

Attendance

General assessment regarding work

1. Knowledge of work entrusted : -----
2. Quality of work performed : -----
3. Commitment to work assigned : -----
4. Devotion to duty : -----
5. Initiative : -----
6. Willingness to accept responsibility : -----
7. Relation with colleagues and patients/public : -----
8. Punctuality and availability on seat : -----
9. If the employee has been issued warning during the period, the details about it : -----
10. Any special achievement during the period : -----
11. : -----
12. Integrity (Certified / Not Certified) : -----
13. Recommendation for probation (Termination / Extension) : -----

14. Any other : -----

1. Overall Rating : Poor/Average/Good/Excellent/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 Reviewing Authority)

1. Length of service under reviewing authority : -----
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 : -----
  - a. Fit
  - b. Not Yet Fit
  - c. Unfit
4. Recommendation regarding suitability for other : -----  
space of work

Signature of the Reviewing Authority  
(With Rubber Stamp)

### PART-IV

(Remarks of the Accepting Authority)  
(i.e. Next Superior Officer)

Signature of the Accepting Authority

#### Instructions : -

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