

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL,
NEW DELHI

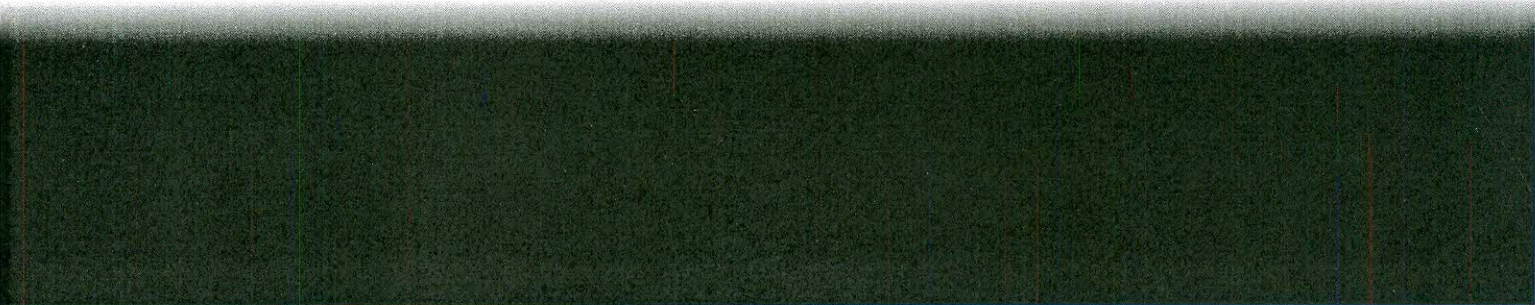
ANNUAL PERFORMANCE ASSESSMENT REPORT

FOR
TECHNICAL STAFF (OT)

NAME OF THE OFFICER : _____

DESIGNATION : _____

REPORT FOR THE
YEAR/PERIOD FROM : _____



GOVERNMENT OF INDIA

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR)

(For Technical Staff) (OT)

PART - I

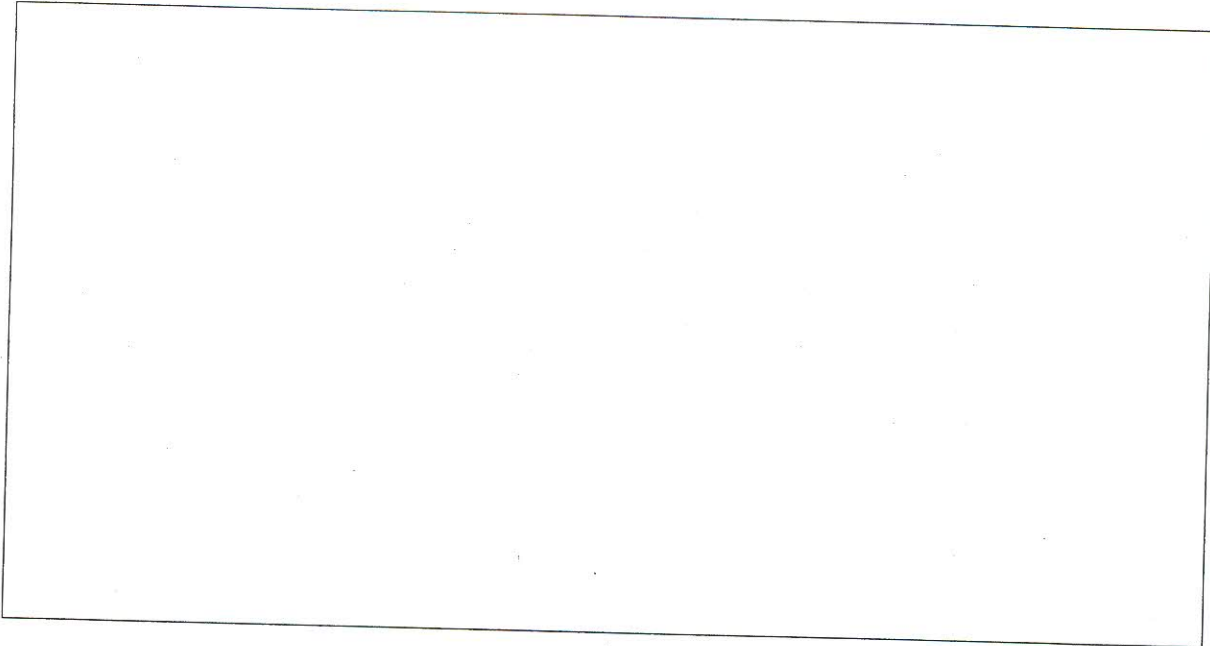
(To be filled by the Office)

1. Reporting period From _____ To _____
2. Name _____
3. Date of Birth _____
4. Designation _____
5. Qualification _____
6. Scale of Pay
i) Basic Pay _____
ii) Grade Pay _____
iii) Pay Band _____
7. Date from which present post held _____
8. Whether SC/ST/OBC (Please tick mark) SC/ST/OBC
9. Period of absence on account of Training _____
Training/long leaves (more than 3 Months) Leave Leave _____

PART – II

(To be filled by the officer reported upon)

1. Brief statement of the work handled by the official during the year /period under report.



2. Clinical (OT Work):

3. Administrative Work:

**Signature of the officer reported upon
Designation:**

PART – III – ‘A’

(Assessment by the Reporting Officer)

1. General

S.No.	Description of quality / characteristic	Assessment					
		Excellent	Very Good	Good	Fair	Poor	Not Applicable
i)	General Health						
ii)	Temperament						
iii)	Regularity and punctuality						
iv)	Diligence						
v)	Intelligence						
vi)	Initiatives						
vii)	Self Confidence						
viii)	Technical Coordination						
ix)	Willingness to learn						

2. Integrity

(Please comment on the integrity of the officer)

