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

ANNUAL PERFORMANCE ASSESSMENT REPORT

FOR

**PHYSIOTHERAPIST / OCCUPATIONAL
THERAPIST**

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 PHYSIOTHERAPIST)**

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 leave (more than 3 Leave _____
months) Leave _____

Name of Officer: _____ Period ending _____
Designation: _____

Part – II (Self Appraisal)

(To be filled by the officer reported upon)

1. Brief description of duties:

2. Resume of work done during the period under report:

(Please indicate clinical/research/training/administrative work bringing out special achievements with particular reference to targets, if any. Please be brief)

Contd...

Name of Officer: _____ Period ending _____
Designation: _____

3. Academic and Professional achievements during the year including degree/diploma/certificate/award/commendations obtained and seminar conferences/workshops attended during the course of the reporting year.

4. Shortfall if any in achievements may also be indicated specifying constraints:

5. (A) Clinical (patient care)/ Laboratory Work

- (i) O.P.D. (No. of OPD days and average OPD attendance):
- (ii) Indoor (No. of bed being looked after and average bed occupancy)
- (iii) O.T. (No. of OT days and average number of Surgery performed/assisted)
- (iv) No. of domiciliary visits
- (v) Laboratory Work
- (vi) Others (Including special clinics)

Contd....

:4:

Name of Officer: _____ Period ending: _____
Designation: _____

(B) Administrative Work

(Please mention briefly involvement in administrative work)

Station:
Date:

Signature of the officer Reported Upon
Designation:

Contd.....

PART – II

(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						
x)	Project Management						

2. Integrity

(Please comment on the integrity of the officer)

3. Relations with public (wherever applicable)

(Please comment on the officers accessibility to the public and responsiveness to their needs)

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4. Professional Skills

Assessment					
Excellent	Very Good	Good	Fair	Poor	Not Applicable

