

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

ANNUAL PERFORMANCE ASSESSMENT REPORT

FOR
SISTER TUTOR

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)

PART - I

(To be filled by the Office)

1. Reporting period From 1.4.2014 To 31.3.2015
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)

PART-II

To be filled in by the Officer reported upon

(Please read carefully the instructions before filling the entries)

1. Brief description of duties:

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2. Please specify targets/objectives/goals (in qualitative or other terms) of work you set for yourself or that were set for you, eight to ten items of work in the order of priority and your achievements against each target. (Example: Annual Action Plan for your division)

Targets/Objectives/Goals	Achievements

3(A) Please state briefly, the shortfalls with reference to the targets, objectives/goals referred to in item 2. Please specify constraints, if any, in achieving the targets.

(B) Please also indicate items in which there have been significantly higher achievements and your contributions thereto:

4. Please state whether the annual return on immovable property for the preceding calendar year was filled within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filling the return should be given:

5. (A) **Teaching** **Assigned** **Delivered**

(i) Theory/lecture

(ii) Practical/Clinical/
Demonstration

(B) **Research**

(i) Research Projects (along with
name of funding agency):

(ii) Association in dissertation:

(iii) Conferences attended/organised :

(iv) Paper published with details of
authors/titles :

(C) **Administrative Work** (Please mention briefly involvement in
administrative work, if any)

(D) **Additional Qualification acquired:**

Station:
Date :

Signature of the officer Reported Upon
Designation:

PART – III

(To be filled in by the Reporting Officer)

(Please read carefully the instructions given before filling the entries)

1. Does the Reporting Officer agree with the account furnished by the officer reported upon in the Part II. If not, please enumerate precisely the extent of disagreement:

2. **TEACHING ABILITY**

- (i) Interest in Teaching
- (ii) Communication skills
- (iii) Punctuality and regularity at assigned sessions/seminars.
- (iv) Quality of lectures;
- (v) Knowledge of current advances in his/her subject.

3. **Administrative ability including organizational competence.**

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						
x)	Project Management						
xi)	Professional skills						

2. Integrity

(Please comment on the integrity of the officer)

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