

**अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश 249203**

**All India Institute of Medical Sciences, Rishikesh-249203**

**Okkf"kZd fu"iknu ewY;kadu fjiksVZ ¼okñfuñeñfj½**

**Annual Performance Assessment Report (APAR)**

**नर्सिंग कैडर**

**Nursing Cadre**

**deZpkjh dk uke@Name of Employee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**tUe frfFk@Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**deZpkjh vkbZ- Mh-@Employee ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**foÙkh; o”kZ@ Financial Year : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

fjiksfVZax IkqujhZ{k.k rFkk LOkhdkjdrkZ çkf/kdkjh:

**Reporting, Reviewing and Accepting Authorities:**

|  |  |  |
| --- | --- | --- |
| fjiksfVZax pSuy  **Channel of Reporting** | uke vkSj inuke  **Name and Designation** | fjiksVZ dh vof/k  **Period covered in year** |
| fjiksfVZax çkf/kdkjh  **Reporting Authority** |  |  |
| IkqujhZ{k.k çkf/kdkjh  **Reviewing Authority** |  |  |
| LOkhdkjdrkZ çkf/kdkjh  **Accepting Authority** |  |  |

Okkf"kZd fu”iknu ewY;kadu fjiksVZ

**ANNUAL PERFORMANCE APPRAISAL REPORT**

Report for year/period ending **April- to March-**

##### Hkkx&1@Part-I O;fDrxr fooj.k@Personal Data

##### ¼lacaf/kr ç’kklfud vuqHkkx }kjk Hkjk tk,½

(To be filled by Administrative Section concerned)

|  |  |  |
| --- | --- | --- |
| **1.1** | deZpkjh dk uke**/Name of Employee** |  |
| **1.2** | **deZpkjh vkbZMh** la[;k**/Employee ID No:** |  |
| **1.3** | deZpkjh dk orZeku inuke**/Present designation of employee** |  |
| **1.4** | lsok esa dk;Zxzg.k dh rkjh[k **/Date of Joining in service** |  |
| **1.5** | foHkkx/vuqHkkx/[k.M**/Department/Section/Unit** |  |
| **1.6** | **tUe frfFk** /**Date of Birth** |  |
| **1.7** | orZeku xzsM esa yxkrkj fu;qfDr dh rkjh[k **/ Date of continuous appointment to present grade:** |  |
| **1.8** | ;ksX;rk (fMxzh rFkk fMIyksek)/**Qualifications (Degree and diploma)** |  |
| **1.9** | orZeku Ikn vkSj ml ij rSukrh dh rkjh[k**/Present post and date of posting thereto** |  |
| **1.10** | orZeku M;wfV ls vuqIkfLFkr jgus dh vof/k(Nqêh ds dkj.k)**/ Period of discontinuity from duty (On account of Leave)**  çf’k{k.k ds dkj.k@vU; Lkjdkjh dk;ksZa ds dkj.k **/ On account of Training /other official Assignments** |  |
| **1.11** | D;k vuqlwfpr tkfr/vuqlwfpr tutkfr/vU; fiNM+k oxZ/ ’k.fo. leqnk; ds gSa ?/  **Whether Belong to SC/ST/OBC/PH Community?** |  |
| **1.12** | ftu varnsZ’kh;/fons’kh çf’k{k.k/iqu’p;kZ ikB;Øeksa esa Hkkx fy;k vkSj O;olk; laca/kh vgZrk,a çkIr dh**/Inland/Foreign Training / Refresher Courses undertaken and Professional qualification attained** |  |
| **1.13** | O;olkf;d fudk;ksa dh QSyksf’ki/lnL;rk/ikl dh xbZ foHkkxh; ijh{kk **/Fellowship/Membership of Professional Bodies/: Department Exam qualified** |  |
| **1.14** | uflZax dkmafly vf/kfu;e ds v/khu uflZax iathdj.k la[;k vkSj bldh oS/krk dh rkjh[k**/ Registration Number under Nursing Council Act And date upto which it is valid** |  |

**1.15**. fu;qfDr dk fooj.k@Details of appointments held.

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| --- | --- | --- | --- | --- | --- |
| in@**POST/ DESIGNATION** | foHkkx@**DEPARTMENT** | ls@ **FROM** | rd@**TO** | is&ysoy@ **LEVEL OF PAY** | is&Ldsy@  **SCALE OF PAY** |
|  |  |  |  |  |  |
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Hkkx – II o”kZ ds nkSjku Lo **: ewY;kadu** **:**

**Part – II Self-Appraisal for year**

fjiksVZ fd;s x;s vf/kdkjh }kjk Hkjk tk,

To be filled by Officer Reported upon

**2.1 in ds nkf;Roksa dk laf{kIr fooj.k :**

**Brief description of duties of post:**

|  |
| --- |
|  |

**2.2** ifj.kke@’kkjhfjd@foRrhl@y{;@mn~ns’; tks vkids fy, fu/kkZfjr fd, x, rFkk çR;sd y{; gsrq vkids }kjk çkIr miyfC/k;ksa dks Li”V djsa**A**

**Please specify quantitative/physical/financial/targets/objectives set for yourself or that were set for you and your achievement against each target:**

y{;@**Target** miyfC/k;k¡@ **Achievements**

|  |
| --- |
|  |

**2.3** Ñi;k y{;ksa ds laca/k esa egRoiw.kZ mPprj miyfC/k;ksa rFkk vkids ;ksxnku dk Hkh mYys[k djsa A

**Please indicate significant higher achievements in relation to targets and your contribution thereto.**

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**2.4** Ñi;k dkWye 2-2 esa mfYyf[kr y{;ksa@mn~ns’;ksa ds lanHkZ esa dfe;ksa dk laf{kIr C;ksjk nsA y{;ksa dks çkIr djus esa ;fn dksbZ ck/kk gks] rks mYys[k djsaA

**Please state briefly sortfalls with reference to targets/objectives referred to in coloum2.2. Please specify constraints, if any, in achieving targets.**

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|  |

**2.5.** d`i;k crk,a fd D;k çfØ;k gsrq o”kZ ds nkSjku vpy laifRr ij okf”kZd fjVuZ fu/kZkfjr le; vFkkZr dSysaMj o”kZ ds vuqlkj 31 tuojh ds vUnj Hkjh xbZ A ;fn ugha rks] fjVuZ tek djus dh rkjh[k dk mYys[k djsa \_\_\_\_\_\_A

**Please state whether Annual Return on Immovable property for process during Calendar Year was filled within prescribed date i.e. 31st January of year following Calendar year. If not date of filing return should be given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

fnukad@ **Date:** fjiksVkZ/khu vf/kdkjh ds gLrk{kj

**(Officer Reported upon Signature with Date)**

Hkkx – **III**- d **/Part – III- A**

o.kZukRed Hkkx**/ Descriptive Part**

¼fjiksfVZax çkf/kdkjh n~okjk Hkjk tk,**/To be filled in by Reporting Authority)**

i)fjiksfVZax çkf/kdkjh n~okjk ‘kfDr ds {ks= vkSj de ‘kfDr okys {ks= dks vafxr djuk gksXkk@

**Reporting officer will be required to indicate areas of strength and lesser strength.**

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|  |

ii)7vuqlwfpr tkfr@vuqlwfpr tutkfr@lekt ds detksj oxZ ds çfr O;ogkj@**Attitude towards Schedule Castes/Schedule tribes/Weaker sections of society.**

|  |
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|  |

iii)ckgjh ,tsalh@turk ds lkFk laca/k@**Relation with out side agencies/public.**

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|  |

iv)çf’k{k.k ¼Ñi;k deZpkjhdh n{krk vkSj is’ksoj l{kerk@;ksX;rk esa lq/kkj ds fy, çf’k{k.k gsrq flQkfj’k djsa½@**Training (Please give recommendations for training with a view of further improving effectiveness and professional competence/capability of officer).**

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| --- |
|  |

v)LokLF; dh voLFkk@**State of health:-**

v)lR;fu”Bk@ **State Integrity:-**

Hkkx **– III-** [k **/Part – III- B**

la[;kRed fu/kkZj.k@ **Numerical Assessment**

odZ vkmViwV dk ewY;kadu bl [kaM ds fy, 40 çfr’kr dk egRo gksxk

i) Assessment of work output (weightage to this section would be 40%

|  |  |  |  |
| --- | --- | --- | --- |
| fjiksfVZax@ iqujh{k.k çkf/kdkjh ds fy, funsZ’k@  **Instructions for Reporting/ Reviewing Authority** | fjiksfVZax vf/kdkjh  **Reporting Authority** | iqujh{k.k çkf/kdkjh **Reviewing Authority** | iqujh{k.k çkf/kdkjh ds vk|{kj  **Initial of Reviewing Authority** |
| i)iwoZfu;ksftr dk;Z dh ifjiw.kZrk@fo”k;  ds vk/kkj ij vkoafVr fd;k x;k dk;Z@  **Accomplishment of planning work/**  **work allotted as per subject allotted** |  |  |  |
| ii)vkmViqV dh xq.koÙkk@  **Quality of output** |  |  |  |
| iii)fo’ys”k.kkRed ;ksX;rk@  **Analytical ability** |  |  |  |
| iv)vioknkRed dk;Z dh ifjiw.kZrk@  fd;s x, vçR;kf’kr dk;Z@  **Accomplishment of exceptional**  **work/unforeseen tasks performed** |  |  |  |
| fuxZr dk;Z ij dqy feykdj Js.khdj.k@  **Overall Grading on “Work Output”. ((i+ii+iii+iv)/4)** |  |  |  |

**O;fDrxr xq.k dk ewY;kadu ¼bl [kaM ds fy, 30 çfr’kr dk egRo gksXkk½**

ii) Assessment of personal attributes (weightage to this section would be 30%

|  |  |  |  |
| --- | --- | --- | --- |
| fjiksfVZax@ iqujh{k.k çkf/kdkjh ds fy, funsZ’k  **Instructions for Reporting/ Reviewing Authority** | fjiksfVZax vf/kdkjh  **Reporting Authority** | iqujh{k.k çkf/kdkjh **Reviewing Authority** | iqujh{k.k çkf/kdkjh ds vk|{kj  **Initial of Reviewing Authority** |
| i)dk;Z ds çfr vfHk:fPk@**Attitude to work** |  |  |  |
| ii)mrjnkf;Ro dh Hkkouk@  **Sense of responsibility** |  |  |  |
| iii)vuq’kklu dk vuqj{k.k@  **Maintenance of discipline** |  |  |  |
| iv)laokn dkS’ky@**Communication Skills** |  |  |  |
| v)usr`Ro dh xq.koÙkk@**Leadership Quality** |  |  |  |
| vi)lkewfgd Hkkouk ls dk;Z djus dh {kerk@**Capacity to work in team spirit** |  |  |  |
| vii)le; lhek esa dk;Z djus dh {kerk@  **Capacity to work in time schedule** |  |  |  |
| viii)okº; ,oa vkarfjd jksfx;ksa ds lkFk  ijLij O;fDrxr laca/k@**Inter-personal**  **relations with indoor and outdoor**  **patients** |  |  |  |
| O;fDrxr fo’ks”krkvksa ij dqy feykdj Js.khdj.k @**Overall Grading on “Personal Attribute”. ((i+ii+iii+iv+v+vi+vii+viii)/8)** |  |  |  |

**O;fDrxr ç;kstuewyd dk ewY;kadu ¼bl [kaM ds fy, 30 çfr’kr dk egRo gksXkk½**

ii) Assessment of personal attributes (weightage to this section would be 30%

|  |  |  |  |
| --- | --- | --- | --- |
| fjiksfVZax@ iqujh{k.k çkf/kdkjh ds fy, funsZ’k  **Instructions for Reporting/ Reviewing Authority** | fjiksfVZax vf/kdkjh  **Reporting Authority** | iqujh{k.k çkf/kdkjh **Reviewing Authority** | iqujh{k.k çkf/kdkjh ds vk|{kj  **Initial of Reviewing Authority** |
| i)dk;Z ds {ks= esa fu;eksa@fofu;eksa@çfØ;kvksa dk Kku ,oa mudk lgh&lgh mi;ksx djus dh ;ksX;rk@**Knowledge of Rules/ Regulations / procedures in area of function and ability to apply them correctly.** |  |  |  |
| ii)fu.kkZ;d ;kstuk dh ;ksX;rk@  **Strategic planning ability** |  |  |  |
| iii)fu.kZ; ysus dh ;ksX;rk@  **Decision making ability** |  |  |  |
| iv)leUo; ;ksX;rk@**Coordination ability** |  |  |  |
| v)v/khuLFk dks çsfjr ,oa fodflr djus dh ;ksX;rk@ **Ability to motivate and develop subordinates** |  |  |  |
| çdk;kZRed l{kerk ij dqy feykdj Js.khdj.k@**Overall Grading on “Functional Competency”. ((i+ii+iii+iv+v)/5)** |  |  |  |

iv) ftl vf/kdkjh dh fjiksVZ dh tkjh gS mudk isu&fiDpj@Pen-Picture about officer reported upon:

|  |
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|  |

|  |  |  |  |
| --- | --- | --- | --- |
| fjiksfVZax@ iqujh{k.k çkf/kdkjh ds fy, funsZ’k  **Instructions for Reporting/ Reviewing Authority** | fjiksfVZax vf/kdkjh  **Reporting Authority** | iqujh{k.k çkf/kdkjh **Reviewing Authority** | iqujh{k.k çkf/kdkjh ds gLrk{kj  **Initial of Reviewing Authority** |
| lexz xzfMax 1&10 ds chp ¼Hkkx- III- ch- i, ii ,ao iii esa fofufnZ”V osVst dh x.kuk ds mijkar½@ **Overall Grading in 1-10 point scale (After computing weightages specified in Part –III- B- i, ii, & iii)** |  |  |  |

**LFkku : ……………………………..….**  fjiksfVZaax vf/kdkjh ds gLrk{kj

**Place: ……………………………..…. Signature of Reporting Officer**

lkQ v{kjksa esa uke**: ……………………………..….**

**Name in Block Letters: …………………………**

inuke **: ………………………………………….….** **Designation :…………………………………..….**

**fnukad / Date :………………………** fjiksVZ vof/k ds nkSjku**:…………………….……….**  **During period of Report:………….……………**

**Hkkx – IV/ Part – IV**

leh{kk vf/kdkjh dh vH;qfDr

**Remarks of Reviewing Authority**

¼Hkkx- III- ch ds i, ii ,ao iii esa lkaf[;dh; Hkkx dks Hkjus ds ckn leh{kk vf/kdkjh n~okjk Hkjk tk,½ (To be filled up by Reviewing Authority after filling up numeric Part –III- B- i, ii, & iii)

i) iqujh{k.k vf/kdkjh ds v/khu lsok dh vof/k**:**

**Length of Service under Reviewing Authority:**

ii) D;k vki Hkkx **– III** esafjiksfVZax vf/kdkjh }kjk dk;Z vkmViqV vkSj fofHkUu xq.kksa ds laca/k esa fd, x, Lo**:** ewY;kadu ls lger gSa**?** ;fn vki fdUgh la[;kRed ewY;kadu ;k n`f"Vdks.k ls lger ugha gSa**,** Ñi;k ml Hkkx esa fn, x, dkWye esa viusa ewY;kadku dk mYys[k djsaA

|  |  |
| --- | --- |
| gkW | ugh |

**Do you agree with assessment made by Reporting Officer with respect to work output and various attributes in Part –III. In case you do not agree with any of numerical assessment or attitudes, please record your assessment in column provided for in that Part and initial your entries.**

|  |  |
| --- | --- |
| **Yes** | **No** |

iii)er fHkUurk dh fLFkfr esa rRlaca/kh fooj.k dk mYys[k djsa? fjiksfVZax vf/kdkjh }kjk ‘kkfCnd fp=.k ij vfHk;qfDr;kW**/**fVIi.kh**:**

**In case of difference of opinion details and reasons for same may be given remarks/observation on Pen Picture by Reporting Officer:**

iqujh{k.k vf/kdkjh ds gLrk{kj

**Signature of Reviewing Authority**

**LFkku / Place:……………………….……**

lkQ v{kjksa esa uke**: ……………………………..….**

**Name in Block Letters: …………………………**

inuke **: ………………………………………….….**

**Designation :…………………………………..….**

**fnukad / Date :……………………………** fjiksVZ vof/k ds nkSjku**:…………………….……….**

**During period of Report:………….………**

**Part – V**

**Remarks of Accepting Authority**

**(i.e. next superior authority)**

i) **Comments of Accepting Authority on remarks of Reviewing Authority:**

iii) **Overall grading on scale of 01-10.**

|  |  |
| --- | --- |
| **Overall grading** |  |

**Signature of Accepting Authority**

**Name in Block Letters: ………..…………………………………….……**

**Designation :……………………………………………………….................**

**ANNEXURE -I**

1. Columns in APAR should be filled with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 to 2 (against work output or attributes or overall grade) would be adequately justified in pen-picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respected to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence need to justify them. In awarding a numerical grade reporting and reviewing authorities should rate officer against a larger population of his/her peers that may currently working under them.
3. APARs graded between 8 and 10 will be rated as ‘outstanding’ and will be given a score of 9 for purpose of calculating average scores for empanelment/promotion.

APARs graded between 6 and short of 8 will be rated as ‘very good’ and will be given a score of 7.

1. APARs graded between 4 and 6 short of 6 will be rated as ‘good’ and given a score of 5.
2. APARs graded below 4 will be given a score of zero.