



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश - 249203

All India Institute of Medical Sciences, Rishikesh - 249203

(Establishment)

F. No.-AIIMS-RISHI/203/2025/ 980

Date: 29.12.2025

Office Memorandum

Subject: Forwarding of Probationary Period Performance Reports of Officials– reg.

In pursuance of this Office Circular No. AIIMS/RISHI/AO/203/2024/406 dated 14.03.2024 regarding assessment of officials appointed on probation, it is observed that the Probationary Period Performance Reports in respect of certain probationary officials have not yet been received from the concerned Heads of Departments / In-Charge of the Department.

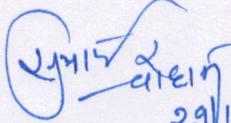
2. In this regard, all HoDs / In-Charge are once again requested to ensure that the Probationary Period Performance Report, duly completed in the prescribed format (Annexure-I), is forwarded to the Establishment Section without any further delay.

3. The Performance Report should be:

- Filled objectively and comprehensively,
- Duly signed by the Reporting Officer,
- Counter-signed by the HoD / In-Charge, wherever applicable

4. It is reiterated that timely submission of the Probationary Period Performance Report is mandatory and is essential for consideration of confirmation/extension/termination of probation, as the case may be. Any delay in submission of the Probationary Period Performance Report shall inevitably lead to delay in the constitution of the Departmental Confirmation Committee, thereby affecting timely consideration of cases relating to confirmation/extension of probation of concerned officials.

This issues with the approval of the Competent Authority, AIIMS Rishikesh.


29/12/2025

(Subhash Chauhan)

Officiating Administrative Officer

Copy to:-

1. PPS to Executive Director
2. PS to Dy. Director (Admin.)
3. PS to MS/ Dean (A)/ FA/ SE
4. PA to Principal, College of Nursing
5. Registrar/ CNO/ SAO
6. Sr. Librarian/ PRO/ Law Officer
7. All HODs/ In-Charge
8. IT Cell to upload on the Institute Website
9. Guard File/ Notice Board

CONFIDENTIAL

PROBATIONARY PERIOD PERFORMANCE REPORT

Period: From To _____

1.	Name											
2.	Employee ID											
3.	Designation											
4.	Date of Appointment											
5.	Overall Character Assessment (Scale 1-10) please tick on any one											
	<table border="1"> <thead> <tr> <th>Unsatisfactory</th> <th>Average</th> <th>Good</th> <th>Very Good</th> <th>Outstanding</th> </tr> </thead> <tbody> <tr> <td>1-2 <input type="checkbox"/></td> <td>3-4 <input type="checkbox"/></td> <td>5-6 <input type="checkbox"/></td> <td>7-8 <input type="checkbox"/></td> <td>9-10 <input type="checkbox"/></td> </tr> </tbody> </table>	Unsatisfactory	Average	Good	Very Good	Outstanding	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7-8 <input type="checkbox"/>	9-10 <input type="checkbox"/>	
Unsatisfactory	Average	Good	Very Good	Outstanding								
1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7-8 <input type="checkbox"/>	9-10 <input type="checkbox"/>								
	Please grade 1-10 on each parameter.											
	a) Initiative											
	b) Keeness & energy											
	c) Performance											
	d) Attendance											
	e) Attitude towards superiors											
	f) Attitude towards colleagues											
6.	Specific Shortcoming, if any											
7.	Whether any warning issued											
8.	Whether any unsatisfactory performance has been brought to his notice either verbal or in writing											
9.	Training / Course Completed (tick the appropriate training completed as enclosed)											
10.	Whether he / she has completed his her probationary period satisfactorily (to be filled in final report only)											
11.	Whether the official is fit for continuing in service											
12.	Any other remarks/ recommendations											

Signature of the Reporting Officer with name and stamp

Countersigned by HoD/ In Charge with name and stamp
(Not required if HoD and Reporting Officer are same)