

Kamla Nehru Institute of Physical & Social Sciences Sultanpur (U.P.)-228 118

Performance Appraisal for Non-Teaching Staff

Permanent / Temporary Office Employee Session: 202__-202__

1. General Information

Name				
Address (Permanent)				
Address (Correspondence)				
Mobile Number				
Email Address				
Designation				
Department/Section/Cell				
Date of Birth				
Date of Joining in this Institution				
Academic/Technical Qualification				
Work Experience (Yrs.)				
Pay Band: Rs.	Grade Pay: Rs.			
2. Nature of Job:				
3. Academic Qualification added in the Current Year, if any:				
4. Computer typing skill: A. Hindi WPM B. English WPM				

Wo	provement of Professiona orkshops/Courses/Seminar/other at	•		ils of
S.No.	Details of Workshops/Courses/Seminar/other	Organizing Agency	Place andDate	No. of Days
Exa	tails of the work undertaken in amination Duties or other Tasks ommittees/ Participation in other		mmittees/Partici	
	Tasks/Examination Duties			cu
I herek	Declar Declarory declare that the information provi		ne best of my kno	wledge.

Date:Name and Signature of the non-teaching staff

Form to be filled in by the Reviewing Officer

Category	Sub-category	Excellent (5)	Good (4)	Satisfactory (3)	Average (2)	Poor (1)
	Knowledge of working					
e e	procedure					
petenc	Ability to organize work and carry it out					
Professional Competence	Ability and willingness to take up additional load in times of exigencies					
ofessic	Ability to learn and perform new duties					
Pro	Capacity to supervise*					
	Any outstanding contribution					
	Accuracy					
Performance	Neatness & tidiness of work					
ша	Maintenance of files/records					
for	Quality of work					
_	Completion of work on schedule					
tics	Attendance					
rist	Punctuality					
cte	Discipline					
ara	Integrity and behaviour					
5	Attitude towards Co-workers					
Personal Characteristics	Attitude towards public					
rso	Attitude towards Students					
Pe	Planning and organisation*					
	Total Points					
	Overall Evaluation	,	/95*		/85	

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Special Remarks, if any, by the Reviewing Officer:

Date:	Signature of the Reviewing Officer	
	Recommendation of	
Director IQAC		Principal