

**SELF APPRAISAL FORM
(Non-Teaching)**

Employee ID: _____

Date: _____

Annual increment w.e.f.in respect of Mr./ Ms.....

Designation Department

Date of Joining:

Description	Present Salary as on	Increment	Proposed salary after increment as on
Basic /Consolidated Salary			
DA @			
Other allowances			
Total			

Accountant

Name: _____

Leave Account during the year _____ to _____

Type of Leave	Total	Availed	Balance
Casual Leave			
Medical (With pay)			
Medical (Without pay)			
Maternity Leave			
Duty leave assigned by the Institute			
Any other leave			

Attendance clerk

Name: _____

HOD's Remarks

- Punctuality : _____
- Integrity : _____
- Interest shown towards students activities : _____
- Contribution in institutional development : _____
- Co-operation /behavioiur with other colleagues : _____
- Whether participated in or instigated any strike in the Institute : _____
- Any other points noticed which may show weakness on which the person should improve : _____
- Over all Performance Report : _____
(Outstanding / Very Good / Good/ Average / Below average)
(if necessary, please attach sheet)

Signature of HOD with name _____

Remarks of

Registrar.....

.....**Signature of**

Registrar

Recommendation of the Director.....

.....**Signature of Director**

Recommendation of the General Secretary.....

Order of the Chairman.....

Attach
passport size
latest
colored
photograph

Self Appraisal Report

(Non-Teaching)

(Fill in Block Letters)

Employee ID.....

Date:.....

For the Year: _____

1. Name in fullDepartment.....
 - (a) Date of BirthPresent age.....Yrs.....Months.....
 - (b) Place of Birth.....(c) Nationality.....Sex(M/F).....
2. Present Postal Address (in block letters)

.....Pincode.....

Phone.....Mobile No.....E-mail, if any.....

3. Educational Qualifications

Sr. No.	Exam Passed	Name of the Institute	City	Univer -sity/ Board	Year of Passing	% age of Marks & Division	Regular/Corre -pondence/Par time
(i)	Matric						
(ii)	10+2/ Diploma/ITI						
(iii)	Graduation: _____ Spl: _____						
(iv)	Post Graduation: _____ Spl: _____						
(v)	Any other Exam/ Course						

4. Dates of Appointment / Experience in the Institute

Nature of Appointment	Designation	Date of Joining	Date of Relieving
Contract/Adhoc			
a)			
b)			
c)			
d)			
Regular (Probation)			
Probation Extended, if yes, give reason			
Regular (Confirmation)			
Selection/Promotion to higher post			

5. Details of additional qualification attained during the year
.....
6. Detail of Short Term Course/ Workshop / Training attended during the year.....
.....
7. Please briefly mention your work profile/ responsibilities:.....
.....
8. Please mention the duties assigned by HOD:.....
.....
.....
9. Please provide details of any other special duties assigned by the Director.....
.....
.....
10. Participation in Extra curricular activities/ Contribution in Institutional development activities:
 - (i) Hands on Training
.....
 - (ii) Admissions:
.....
 - (iii) Blood Donation Mela :
.....
 - (iv) Institute's functions:
.....
 - (v) Sports & Games:
.....
 - (vi) Cultural Activities:
.....
 - (vii) Examination:
.....
 - (viii) Any other:
.....
11. Any other achievement (please highlight briefly):
.....

12. Comments/suggestions/action for future work :

.....

.....

(Signature of the employee with date)

Name: _____

(Signature of HOD with date)

Name: _____