**Sree Chitra Tirunal Institute for Medical Sciences and Technology**

**Hospital Wing**

**ANNUAL PERFORMANCE APPRAISAL REPORT (APAR)**

*(For academic personnel viz., Assistant Professor / Scientist D, Associate Professor / Scientist E, Additional Professor / Scientist F, Professor / Scientist G and Professor / Scientist G- Senior Grade)*

**Part I**(To be filled by the Personal Section)

Performance Appraisal Report for the period from January\_\_\_\_\_\_\_\_\_\_\_\_ to December\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Information**

1. Name of the officer reported upon :
2. Employee Code :
3. E-mail ID for official use :
4. Department :
5. Date of Birth :
6. Date of Joining the Service :
7. Present Designation :
8. Date of appointment to present Designation :
9. Pay as on 31st Dec 20\_\_\_\_\_ :
10. Reporting and Reviewing Authorities

|  |  |
| --- | --- |
|  | Designation |
| Reporting Authority |  |
| Reviewing Authority |  |

1. Period of absence on leave, (Other than CL, Duty Leave or Compensatory Leave) during the period under report

|  |  |  |  |
| --- | --- | --- | --- |
|  | Period | Type | Remarks |
| Leave (specify type) |  |  |  |
| Others (specify) |  |  |  |

1. Details of APARs of officers not written by the officer as reporting/reviewing authority for the previous year.

Signature of Officer I/c in Personnel section:

Date:

**Part II**(To be filled by the officer reported upon)

1. **Annual Report for the period under review may be attached as an Annexure, in not more than 2 pages.**
2. **Brief description of duties**

*(Objectives of the position you hold and the tasks you are required to perform, in about 100 words)*

*Objectives may be stated consideringClinical/ Laboratory, Research, Teaching and Corporate/ Administrative responsibilities*

1. **Annual work plans**

|  |  |
| --- | --- |
| **Tasks to be Performed** **(Whichever is applicable)** | **Actual Achievements** **(Maximum 50 words each)** |
| 1. Delivery of Clinical/ Surgical/ Laboratory Services
 |  |
| 1. Academic Activities (Teaching, training etc)
 |  |
| 1. Mentoring
 |  |
| 1. Research Activity in the form of projects as Principal Investigator/ Co-Investigator
 |  |

|  |  |
| --- | --- |
| 1. Translation of Research in to publications/ presentations/patents/ guidelines/ policies
 |  |
| 1. Dissemination of Knowledge to peers in conferences/ workshops/ symposium, etc.
 |  |
| 1. Human resource and Capacity Building Activities
 |  |
| 1. Administrative/ Corporate activities (Department/ Institute/ Regional/ National / International)
 |  |
| 1. Others
 |  |

1. **Please include here**
2. Any significantly higher achievements and contributions
3. Shortfalls with reference to achieving objectives if any

**c.** Any factors which hindered your performance (maximum 100 words):

1. **Declaration**

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

Signature of officer reported upon:

Date:

**Part III** (To be filled by Reporting Officer)

*Appraisal and the Numerical grading have to be awarded. These should be on scale of 1-10, Where 1 refers to the lowest grade and 10 to the highest*

|  |  |
| --- | --- |
| **Name of the Reporting Officer** | **Designation** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Assessment of work output (weightage to this section would be 40%)**
 | **Reporting Authority** | **Reviewing Authority** | **Initial of Reviewing Authority** |
| 1. **Accomplishment planned work/work allotted**
2. Clinical Responsibility (includes outpatient/Inpatient/specialty/ Laboratory services – Whichever is applicable)
3. Teaching Responsibility (Includes teaching and supervision of the academic/clinical/ research work of the postgraduate/doctoral /and other students)
4. Research Output (includes Projects funded/ non-funded, Publications in peer-reviewed Journals and Presentations in conferences/ symposiums/ workshops, etc.)
5. Corporate Activities (departmental/ institutional / regional / national / international and other administrative responsibilities; serving on professional bodies)
6. **Quality of output:**
7. Clinical / Lab Responsibility
8. Teaching Responsibility
9. Research Output
10. Corporate Activities

**iii. Analytical ability****iv. Accomplishment of exceptional work/ unforeseen tasks performed details there of** |  |  |  |
| **Overall Average Grading of Work Output**[(ia+ib+ic+id+iia+iib+iic+iid+iii+iv) / 10] |  |  |  |
| **40% of overall average grading on (A)** |  |  |  |
| 1. **Assessment of Personal attributes (weightage to this section would be 30%)**
 |  |  |  |
| 1. Attitude to work
2. Sense of responsibility
3. Maintenance of discipline
4. Communication skills
5. Leadership qualities
6. Capacity to work in a team
7. Capacity to work in time limit
8. Interpersonal relations

**Overall grading on personal attributes**[(i + ii + iii + iv + v + vi + vii + viii) / 8] |  |  |  |
| **30% of overall average grading on (B)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **C. Assessment of Functional Competency (weightage to this section would be 30%)** |  |  |  |
| 1. Knowledge of rules/ regulations / procedures in the area of function and ability to apply them correctly
2. Strategic planning ability
3. Decision making ability
4. Coordination ability
5. Ability to motivate and develop subordinates
 |  |  |  |
| **Overall grading on functional competency**[(i + ii + iii + iv + v) / 5] |  |  |  |
| **30% of overall average grading on (C)** |  |  |  |

Signature of Reporting officer:

Date:

**Part IV**(To be filled by the Reporting Officer)

1. **Relations with the Public (wherever applicable: Please comment on the officers accessibility to the public and responsiveness to their needs)**
2. **Training: (Please give recommendations for training with a view to further improving their effectiveness and capabilities of the officer)**
3. **State of Health :**Satisfactory / Not satisfactory
4. **Integrity: Please comment on the integrity of the officer**
* Beyond Doubt
* Nothing adverse has come to my notice
* Since the integrity of the officer is doubtful, a Secret Note is attached herewith
1. **Pen Picture by the reporting officer in no more than100 words on the overall qualities of the officer including the area of strengths and lesser strength, extraordinary achievements, significant failures and attitude towards SC/ ST/ OBC**
2. **Over all numerical grading on the basis of weightages given in the sections A, B & C of part III**

**Over all grading** (Sum of weighted scores of A, B and C):

|  |
| --- |
|  |

**Justification by the reporting officer (for 1 and 2 and 9 & 10 ratings), if any:**

Signature of reporting officer:

Date:

**Part V** (To be filled by the Reviewing Officer)

|  |  |
| --- | --- |
| **Name of the Reviewing Officer** | **Designation** |

1. Length of service under the reviewing officer:
2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Parts III & IV? Do you agree with the assessment of the reporting officer in respect of extraordinary achievementsand/or significant failures of the officer reported upon? (In case you do not agree with any of the numerical assessments

of attributes, please record your assessment in the column provided for you in that section and initial your entries).

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

1. In case of difference of opinion details and reasons for the same may be given. Is there anything you wish to modify or add?
2. Pen picture by Reviewing Authority. Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections.
3. Over all numerical grading on the basis of weightages given in the sections A, B & C of part III:

Over all grading of (Work Output [40%] + Personal attributes [30%] + Functional competency [30%]) on a scale of 1-10 =

Signature of the Reviewing Officer :

Date:

**Guidelines regarding the numerical grading**

1. The columns in the APAR should be filled with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen-picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a large population of his/her peers that may be currently working under them.

1. APARs graded between 8 and 10 will be rated as `outstanding’ and will be given a score of 9 for the purpose of calculating average scores for empanelment / promotion.
2. APARs graded between 6 and short of 8 will be rated as `very good’ and will be given a score of 7.
3. APARs graded between 4 and short of 6 will be rated as `good’ and given a score of 5.
4. APARs graded below 4 will be given a score of Zero.
5. Details given in Part 1 – Basic Information must be as per the documents maintained in the Personnel Section.
6. The overall grading should not be rounded off. The grading may have a maximum of two digits after the decimal point. To illustrate, if the overall grading comes to 6.57 it should be written as such and not rounded off to 6.6 or 7. The totaling should be checked properly.
7. No cutting/overwriting should be done in APAR Forms. If the same is unavoidable, the officer should append his/her signature on the part which has the cutting/overwriting.

**COMMUNICATION AND ACCEPTANCE OF THE APAR GRADING**

(To be filed in the APAR Dossier)

**Review Period:** January \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to December\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Name :
* Designation :
* Department :
* Overall Grade Awarded :
* Specific Remarks if any :

 (Signature of the Communicating Authority)

 Name…………………………………………

 Designation………………………………….

 I,………………………………………………………………………………….. (Name, Designation), hereby confirm that I have been communicated the overall grading and the relevant remark for the year ………………………On…………………….. (Date) in respect of APAR.

I understand that if I wish to represent against the entries in the APAR, I will have to do so to the Competent Authority within 15 days from this date.

(Signature of the Officer reported upon)

Note: To be filled and issued by the APAR cell upon receipt of completed APAR forms.