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| **INFORMATION TECHNOLOGY SERVICES** |
| **Assessment Form for Confirmation of Services ITS/21/06-23** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employee:** | |  | | | | | | **Date of Joining:** | | | |  |
| **Department*:*** | |  | | | | | | **Position:** | | | |  |
| **Rating Scale:**  1= unacceptable performance 4 = meets expectations  2 = below average 5 = exceeds expectations  3 = needs improvement 6 = significantly exceeds expectations  Note: Please avoid subjective remarks such as satisfactory, good, and excellent etc. | | | | | | | | | | | | |
| **Assessment Matrix (Section No. 1)** | | | | | | | | | | | | |
| **S.**  **No** | **Description** | | **Assessment Criteria** | | | | | | |  | **Remarks** | |
| 1 | 2 | 3 | 4 | 5 | | 6 |  |
| 1 | Job Knowledge | |  |  |  |  |  | |  |  | | |
| 2 | Learning skills | |  |  |  |  |  | |  |  | | |
| 3 | Understanding of tasks | |  |  |  |  |  | |  |  | | |
| 4 | Organizational skills | |  |  |  |  |  | |  |  | | |
| 5 | Time Management skills | |  |  |  |  |  | |  |  | | |
| 6. | Regularity and Punctuality | |  |  |  |  |  | |  |  | | |
| 7. | Behavior and attitude | |  |  |  |  |  | |  |  | | |

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| **Evaluation for Training (Section No.2)** | | | | | | | | | | | | |
| **PDM** | **Score/ %** | |  | **Article review** | **Score/ %** | |  | **Journal Publications** | | | **Score/ %** |  |
| **Copy Editing** | **Score/ %** | |  | **Cross Verification** | **Score/ %** | |  | **Proofreading Protocols** | | | **Score/ %** |  |
| **Effective E-mail Communication** | **Score/ %** | |  | **Quality Assurance** | **Score/ %** | |  | **Ethical Statement** | | | **Score/ %** |  |
| **Remarks for Departmental Training** | |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Supervisor/HOD’s Remarks and signature** | |  | | | | | | | | | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Evaluation for Compliance and Verification (Section No. 3)** | | | | | | | | | | | | |
| **Final Test Score:** | |  | | | | | | | | | | |
| **Editorial Director’s Final Approval:** | | Approved Not-Approved | | | | **Editorial Director’s Signature:** | | | |  | | |
| **HR Verification:** | | Confirm Re-Evaluate | | | | **HR Director’s Signature:** | | |  | | | |
| **HR Manager’s Remarks:** | |  | | | | **Date of confirmation:** | | |  | | | |

This form is strictly confidential; timely completion and return will greatly help the HR department. Thank you