

CONFIDENTIAL

PERFORMANCE APPRAISAL FORM FOR WORKERS APPRAISAL PERIOD _____

| Name | | Employee Code |
|-------------------------|------------------|-------------------------|
| Designation | | Grade |
| Department | | Gross Salary |
| Qualification Academic | | Technical Qualification |
| Date of Joining | | Date of Birth (Age) |
| Duration in Present Job | | Immediate Supervisor |
| Functional Supervisor | | Head of Department |
| Type of Appraisal | Annual Increment | Due Date of Appraisal |

Performance Review

Section I

This section is to be filled by the immediate supervisor and functional incharge of the appraisee. Please tick mark on the desired following parameteres - (A-Excellent, B-Very Good, C-Good, D-Fair, E-Poor) against each characteristic.

Every characteristic carry 5 marks

| | | Immediate Supervisor | | | | | Functional Incharge | | | | | | | |
|----|----------------------|----------------------|---|---|-------------|---|---------------------|---|---|---|---|---|-------|--|
| | CHARACTERISTICS | Α | В | С | D | Е | TOTAL | Α | В | С | D | Е | TOTAL | |
| | | 5 | 4 | 3 | 2 | 1 | | 5 | 4 | 3 | 2 | 1 | | |
| 1 | Job Knowledge | | | | | | | | | | | | | |
| 2 | Quality of Work | | | | | | | | | | | | | |
| 3 | Quantity of Work | | | | | | | | | | | | | |
| 4 | GMP Compliance | | | | | | | | | | | | | |
| 5 | Hygiene | | | | | | | | | | | | | |
| 6 | Safety Consciousness | | | | | | | | | | | | | |
| 7 | Dependability | | | | | | | | | | | | | |
| 8 | Punctuality | | | | | | | | | | | | | |
| 9 | Discipline | | | | | | | | | | | | | |
| 10 | Team Behaviour | | | | | | | | | | | | | |
| 11 | Multiskilled | | | | | | | | | | | | | |
| 12 | Cost Consciousness | | | | | | | | | | | | | |
| 13 | Initiative | | | | | | | | | | | | | |
| 14 | Communication | | | | | | | | | | | | | |
| 15 | Job Flexibility | | | | | | | | | | | | | |
| | | Total Marks | | | Total Marks | | | | | | | | | |

| Comments of Immediate Supervisor | | |
|-----------------------------------|-----------|--|
| | Signature | |
| Comments of Functional Supervisor | | |
| | Signature | |

Section II: Training & Development Recommendation

| Comments of | f Immediate Superviso | r | Commen | nts of Functional S | Supervisor | |
|--|--|------------------|--------|----------------------------|-----------------|----------|
| | Signature | | | | Signature | |
| Section III | | | | | | |
| Head of Dep Overall of Com | | | | | | |
| | | | | Signature | | |
| Marks Secured | by the Immediate Superd in Immediate Supervised in Functional Incharge | or's Evaluation(| 75) | would be calculate 70% 30% | ed in the ratio | of 70:30 |
| Total Marks | | | | | 1 | |
| Over all Perf | formance | | | | | J |
| А | 90 -100 | Exceller | nt | | | _ |
| В | 75 - 89 | Very God | od | | | _ |
| С | 60 - 74 | Good | | | | _ |
| D | 50 - 59 | Fair | | | | _ |
| Е | Below 50 | Poor | | | |] |
| Section V Overall Perform Recommended Total Incremen | I for promotion : Yes / | No | | Head of Hum | nan Resou | rces |