

Annual Performance Review – MAHAIT (Through ABM Knowledgeware Ltd.)

Review Period: [01-Apr-24] to [31-Mar-25]

Employee Name: _____

Employee Code: _____

Designation: _____

MAHAIT Internal / Department (Name) - ____`_____

Location: _____

Deployment Date (MAHAIT): _____

Immediate Supervisor Name : _____

Reporting Officer (at MAHAIT): _____

ABM SPOC: _____

1. Attendance & Timeliness

- - Regularity and punctuality
- - Adherence to MAHAIT working hours and holiday schedule
- - Timely biometric or attendance submission

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

2. Task Execution & Output Quality

- - Completion of assigned tasks within deadlines
- - Accuracy, attention to detail, and compliance with MAHAIT standards
- - Understanding of MAHAIT processes and systems

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

3. Behaviour & Discipline

- - Professional conduct at MAHAIT
- - Respect towards officials and adherence to organizational decorum
- - Non-involvement in escalations or complaints

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

4. Technical Knowledge & Learning Attitude

- - Subject knowledge applicable to role
- - Ability to learn and apply new tools or systems at MAHAIT
- - Participation in knowledge sharing or training

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

5. Communication & Reporting

- - Clarity and effectiveness in written/verbal communication
- - Timely and accurate reporting to MAHAIT officials and ABM
- - Proactive updates/escalations as per project requirement

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

6. Team Collaboration & Client Coordination

- - Cooperation with other MAHAIT staff and ABM team
- - Responsiveness to client queries and task coordination
- - Alignment with MAHAIT's work culture

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

7. MAHAIT Feedback (To be Filled by Reporting Officer at MAHAIT)

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

8. ABM Internal Review Summary (To be Filled by HR / Project Coordinator)

Overall Performance Level:

Rating: ☐ Excellent ☐ Good ☐ Average ☐ Needs Improvement

Remarks: _____

Employee Signature: _____ Date: _____

Reporting Manager Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____