

राष्ट्रीय वैक्टर जनित रोग नियंत्रण केंद्र
NATIONAL CENTER FOR VECTOR BORNE DISEASE CONTROL
(स्वा.सेवा महानिदेशालय) स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, 22,शाम नाथ मार्ग, दिल्ली-110054
Dte. GHS, MoH&FW, 22, Sham Nath Marg, Delhi-110054

प्रपत्र/ Form
वार्षिक कार्य निष्पादन मुल्यांकन रिपोर्ट
Annual Performance Appraisal Report
मल्टी टास्किंग स्टाफ
Multi-Tasking Staff

वर्ष/अवधि 01.04.2025 से 31.03.2026 की रिपोर्ट
Report for the year/period 01.04.2025 to 31.03.2026

व्यक्तिगत आंगडें
Personal Data

भाग - 1

विभाग/कार्यालय के संबंधित प्रशासनिक अनुभाग द्वारा भरा जाना है

Part - 1

(To be filled by the Administrative Section of the concerned Office/College)

1.	अधिकारी का नाम Name of Officer	
2.	जन्मतिथि Date of Birth	
3.	धारित पद Designation of Post held	
4.	क्या अधिकारी अनुसूचित जाति/जनजाति का है Whether the officer belongs to SC/St?	
5.	वर्तमान लेवल में सतत् नियुक्ति की तारीख Date of continuous appointment in the Present level (date & level)	
6.	अनुभाग/विभाग Section / Division	
7.	वर्ष के दौरान छुट्टी प्रशिक्षण इत्यादि के कारण ड्यूटी से अनुपस्थिति की अवधि Period of absence from duty on leave, Training, etc. during the year	

Date:

Place:

Signature of officer reported upon

PART-II

ASSESSMENT BY THE REPORTING OFFICER

8. Observation on:

i)	Intelligence, keenness & industry	
ii)	Accuracy and speed in work output	
iii)	Knowledge of procedure and regulations	
iv)	Readiness to accept responsibility	
v)	Amenability to discipline	
vi)	Integrity	
vii)	Punctuality in attendance	
viii)	Relations with fellow workers	
ix)	Behavior towards the public	
x)	Any other observations on points of special significance (to be specified) in relations to the work on which employed.	

- a)
- b)
- c)

9. Level of fitness for promotion to the next higher grade:

10. General assessment of personality, character and temperament:

11. Overall grading: Outstanding/Very Good/Good/Fair/Poor

Date:

Place:

Signature of the Reporting Officer

Name in Block Letters:

Designation

During the period of Report:

PART-III
REMARKS OF THE REVIEWING OFFICER

(In recording his/her remarks, the Reviewing Officer should carefully consider and state, whether he accepts the assessments recorded by the Reporting Officer. If he differs from the Reporting Officer in any respect, the fact should be clearly stated.)

In addition, the Reviewing Officer must give his/her overall assessment indication whether in his/her opinion, the officer should be graded as Outstanding/Very Good/Good/Poor.

Date;

Place:

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

During the period of Report:

Note: Where an adverse entry is made, whether it relates to an irremediable defect, it should be communicated, but while doing so, the substance to the entire report, including what may have been in praise of the officer