

From Grade D - F

APPRAISAL FORM			LEVEL - II	
PART -I: EMPLOYEE PERSONAL DETAILS				
Name:		Emp. ID:		Designation:
Office:		Location:		Grade:
Date of Joining MHPA _____ (dd/mm/yyyy)	Appraisal Period		From _____ (mm/yyy)	To _____ (mm/yyy)
Brief Description of Duties: 				
Details of Training Attended:				
Course Title:				
Period		From:	To:	
Location/Country:				
Department:				
Name of Supervisor:			Designation:	
Name of Accepting Officer:			Designation:	

Note:

1. Please use Block Letters & Date format as given above.
2. While filling up the form, please be as legible as possible. Keep the form clean. Avoid overwriting and cutting as much as possible.)
3. The supervising official has the rights to add/delete targets depending upon business requirements.

PART – II : APPRAISAL RATING (to be completed by the supervising official)		
SN	Competency	Rating
1	Work Output - 15 Quantity of work done compared to expected output. The quantity of work done should also be measured against the expected timeframe to complete assigned task.	
2	Quality of Work Output - 10 Quality of work done is measured by the achievement of desired output of work with minimum or avoidable errors and problems.	
3	Financial Management 15 The ability of the Appraisee to identify, monitor and reallocate financial and material resources in the most optimal manner. Also, the decisive steps taken by the Appraisee to avoid or correct instances of potential fraud waste and/or abuse. Measures the cost consciousness and ability to handle costs well and optimally.	
4	Human Resource Management - 10 The ability of the Appraisee to organize, train, motivates employees and also his ability to optimally utilize human resources in achievement of company goals. Also measures the ability of the Appraisee to develop his subordinates and enhance their skills.	
5	Interpersonal & External Relationships - 10 The Appraisee's ability to establish and maintain positive and productive working relationships. Including creation of wide network of good relationships with peers, subordinates, supervisors and customers and the ability of the Appraisee to generate trust and cooperation amongst these groups. Also, the Appraisee's ability to effectively articulate and promote the organization's purposes and programs to outside groups. His ability to meet regularly with clients, stakeholders and his ability to institutionalize such relationships in order to engender their cooperation and support.	
6	Communication - 10 The Appraisee's oral & written communication. Appraisee's ability as an active listener and his ability to foster open, two-way information exchange. Appraisee's ability to provide written and oral information in a clear, concise, and timely manner. Appraisee's ability to promote communication within the organization and with the organization's customers.	
7	Change Management, Planning and Initiative -10 The Appraisee's ability to work collectively with others to realize a shared vision of MHPA. Also measures the Appraisee's ability to provide value-added input to strategic planning process. Appraisee's ability to communicate organizational goals and performance expectations in a timely, clear, and consistent manner. Appraisee's ability to hold self and others accountable for achieving program goals consistent with the plan and ability to take initiatives in matters suitable to MHPA's goals.	
8	Integrity / Trust - 10 The employee communicates information and builds trust within the organization and with stakeholders and customers. Honest and can be vouched for integrity in all spheres of working life. Advises appropriate authority of any misconduct or misappropriation in a timely manner	
9	Team Work - 10 Values and fosters teamwork, cooperation, and trust in day-to-day operations and in pursuing solutions to cross-departmental organizational issues. Actively participates in constructive contributions to teams in day to day working.	
Total Marks		

PART – III : OTHER SPECIAL ACHIEVEMENTS, IF ANY (Please specify any other specific achievement during Appraisal Period that is not covered above)

Employee Comment

Supervisor Comment

PART – IV : IMPEDEMENTS TO PERFORMANCE (if any) (Please specify any factors that may have impeded performance during the Appraisal Period)

Employee Comment

Supervisor Comment

PART – V : KNOWLEDGE, SKILLS AND OTHER COMPETENCIES (Please specify the knowledge, skills and other competencies that may not have been covered above or utilized during the Appraisal Period)

Employee Comment

Supervisor Comment

PART – VI : FEEDBACK ON TRAINING AND DEVELOPMENT ATTENDED BY THE APPRAISEE DURING THE CURRENT APPRAISAL PERIOD (Please indicate your progress against Training & Development needs that were identified in the most recent Performance Evaluation / Review. Give details of Training programs attended or courses undertaken – Internal & External both.)			
Development Areas	Progress	Special Training/ Courses (including personal initiatives)	
1.			
2.			
3.			
4.			

PART – VII : IDENTIFICATION OF TRAINING AND DEVELOPMENT NEEDS FOR THE NEXT APPRAISAL PERIOD (Supervisor to fill in consultation with the employee)	
Priorities	Plan for Achievement (What suggestions / Steps are felt necessary to address these development priorities e.g. On the Job Training, Job rotation, Training, Coaching etc.)
1.	
2.	
3.	
4.	

PART –VIII : CONFIRMATION OF PERFORMANCE EVALUATION COMPLETION (Please sign and date to signify that the Review has been completed along with dialogue and discussion).	
Employee Signature	Dated
Appraiser Signature (Immediate Supervisor)	Date

Signature of the Accepting Authority
(Head of Department)
Dated signature and Seal