

Non- Teaching Staff Performance Appraisal & Development System

(To be filled by staff member)

Name					4		
Design	nation						
Depar	tment			A			· · ·
Acade	mic Year					<u>;</u>	-
A. V	Workload Details	· ·	7			<u>.</u>	
SI No	Details of work		n	×		1,	Total no of
			a			26-1	working hrs/Week
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					a.		

B. Institute Activities/ Additional contribution

Sl. No.	Activity	Remarks	Supporting Document	

C. Continuing Education

Details of participation in knowledge acquiring courses/ qualification upgradation

Sl. No.	Name of the programme	Duration	Organizing institute/other details
1			
2			
3			
4			

(For official use only)

Extraordinary	Excellent	Very Good	Good	Satisfactory	Poor
		II	e e		

E. Principal feedback_

Extraordinary	Excellent	Very Good	Good	Satisfactory	Poor
· · · ·					
Signature :	2 A 2 1	3			

F. Management feedback

Extraordinary	Excellent	Very Good	Good	Satisfactory	Poor
		<u> </u>			
N	1				2
Signature :	* 2	28			

G. Action Taken details

	Remarks	Signature of H R department official		
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