

	Hospital Name:	Document No:	QUXAT/H/F/34
	Employee – Annual Appraisal Form		Page No:

Name of the Employee		Department	
Employee ID			
Biometric ID			
Appraisal Year		Designation	
Date of appraisal			

S. No	Assessment by Department HOD (Tick mark the relevant field)	Above Expectation (5 Marks)	Meets Expectation (3 Marks)	Below Expectation (2 Marks)
1	Job Knowledge			
2	Initiative & Motivation			
3	Quality of work			
4	Communication skills			
5	Interpersonal Relations			
6	Dependability			
7	Cost effectiveness			
8	Attendance & Punctuality			
9	Discipline			
10	Overall Performance			

**Score Card:**

Marks Obtained:

Total Marks: 50

HOD Appraisal comments:

Department HOD (Name/Sign)

Management Appraisal comments:

Authorized Signatory (Name/Sign)/Management Authority:

Employee Performance Appraisal should be conducted every year and relevant feedback provided to the employee concerned for improvement/career development. The completed form should be stored in the personal file of the employee for record. Employees considered for promotion should obtain above 90 % score in the appraisal score card.

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No: 01
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:	
Signature:	Signature:	Signature:	Signature:	Issue Date: Issue No:	