

ANNEXURE-2

ANNUAL PERFORMANCE APPRAISAL REPORT (FOR THE FACULTY MEMBERS)

ASSESSMENT YEAR _____

DATE OF RECEIPT : _____

NAME & DESIGNATION : _____



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BILASPUR (HP)-174037**

Himachal Pradesh (India)

Name of the Faculty: _____

APAR for the year/period _____



All India Institute of Medical Sciences (AIIMS), Bilaspur (HP)

ANNUAL PERFORMANCE APPRAISAL REPORT

Report for the year/period _____

PART-I (PERSONAL DATA)

(to be filled by the faculty)

1. Name of the Faculty :
2. Present Designation :
3. Pay Band with grade pay :
4. Date of Birth :
5. Qualification (graduation onwards) (Please do not include conferred fellowships here):

S No	Qualification (degree and Subject)	Institute and University	Year	
			From	To
1.				
2.				
3.				
4.				
5.				

6. Date of joining the Institute with appointment designation:
7. Date of continuous appointment to present post :
8. Total length of service at AIIMS Bilaspur and post held: (Please strike out not applicable)

S No	Designation	Duration of service		Total duration
		From	To	
1.				
2.				
3.				
4.				

*** All the work and projects which have been done at AIIMS Bilaspur (H.P.) are only to be reflected by the individual.
Designation must contain the name of the Department.**

Signature of Officer

Name of the Faculty: _____

APAR for the year/period _____

9. Period of absence from duty:

S No	Period of Absence	Total duration
1.	Leave (CL/EL/HPL/ML/CCL/EOL)	
2.	Academic Leave	
3.	On Duty Leave	
4.	Station Leave	
5.	Training	
6.	Absent without leave	
7.	Any other reason	

10. Have you been found guilty by a court of law during the year under report : Yes / No
If yes, please give details

Signature of Officer

Name of the Faculty: _____

APAR for the year/period: _____

PART-2

To be filled in by the Officer reported upon
(Please read carefully the instructions before filling the entries)

A. Brief description of performance in the year

I. Patient care:

Departments	Details of duties performed	Hours/ week
Clinical Services Departments		
General OPD		
Special clinic		
IPD		
OT		
Specialized diagnostic / therapeutic services		
Diagnostic services Departments		
Area/division		Workload/week

II. Teaching/Training:

Courses	Teaching Activity (hours/month)				Examiner ship	
	Lecture	Seminar/symposia	CBD	Journal club	Internal	External
Undergraduate						
Postgraduate						
DM/MCH						
PhD						
Any other						

Signature of Officer

Name of the Faculty: _____

APAR for the year/period _____

III. Research:

1. Research Projects:

a. As Principal Investigator

No.	Project Title with sanction number & date	Funding source	Duration of Project	Amount (Lakh Rs)
Extramural				
1.				
2.				
Intramural				
1.				
2.				

b. As Co-Investigator

No.	Project Title with sanction number & date	Funding source	Duration of Project	Amount (Lakh Rs)
Extramural				
1.				
2.				
Intramural				
1.				
2.				

2. Publications in journals (do not include abstracts in conference proceedings, submitted or accepted for publications articles)

No.	Details (Vancouver style), and DOI if available	IF	Citations
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
H index for the year ending March 2023:		i10 index:	

Please enclose first page of each publication during the year (April 2023- March 2024)

Signature of Officer 4

Name of the Faculty: _____

APAR for the year/period _____

3. Books Published/ edited/ book chapters contributed:

No.	Details
1.	
2.	
3.	
4.	

4. Participation in conference/CMEs/Symposia

No.	Participation details	Conference / CME / Workshop Details
1.	Organized	
2.	Invited lectures delivered	
3.	Chairing a session	
4.	Presenting research paper	
5.	Panel discussion	
6.	As delegate only	
7.	Any other	

IV. Administrative Responsibility

No.	Position / responsibility
International	
1.	
National	
1.	
Institutional	
1.	
2.	
Departmental	
1.	
2.	

V. Contribution to Community Service/ Medical Social work

No.	Name of the activity	Date and venue
1		
2		
3		
4		

Signature of Officer 5

VI. Notable Achievements during the year reported upon:

S No.	Achievement	Details
1.	Additional Qualification	
2.	Membership of scientific bodies/ committees /editorial boards	
3.	Fellowships conferred	
4.	Awards received	

B. Please specify your achievement against each target

S No.	Area	Notable Achievements
I.	Clinical care	
1.	New diagnostic / clinical care facilities started	
2.	Innovation in diagnostic/clinical care	
II.	Teaching	
1.	New courses started	
2.	Innovations in Teaching	
III.	Research	
1.	Innovations (Patents/IPR)	
IV.	Community Participation Activities	
V.	Awards	
VI.	Membership of scientific bodies/ committees /editorial boards	
VII.	Fellowship conferred	
VIII.	Skill upgradation/ Training	
IX.	Miscellaneous	

C. Please state briefly, the shortfalls with reference to the targets/objectives/goals referred in B. Please specify constraints, if any, in achieving the targets.

S No	Targets/Objectives/Goals	Shortfalls and Constraints
1.	Clinical care	
2.	Teaching	
3.	Research	
4.	Community Participation Activities	
5.	Skill upgradation / Training	

Signature of Officer 6

Name of the Faculty: _____

APAR for the year/period _____

D. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given.

Date:

Signature of officer reported upon

Place:

Name:

PART-3

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10, where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling the entries)

(A) Assessment of 'Work Output' (Weight-age to this Section would be 40%)

Work output	Max. Marks	Reporting Authority	Reviewing Authority (refer Para 2 of part-5)	Initials of Reviewing Authority
Performance in Patient Care	10			
Performance as Teacher	10			
Performance as Researcher	10			
Accomplishment of planned work / work allotted	10			
Quality of output	10			
Analytical Ability	10			
Accomplishment of exceptional work/unforeseen tasks performed	10			
Overall (Average) Grading on 'Work Output'	10			

(B) Assessment of "Personal Attributes" (weight-age to this Section would be 30%)

Personal attributes	Max Marks	Reporting Authority	Reviewing Authority (refer Para 2 of part-5)	Initials of Reviewing Authority
Attitude to work	10			
Sense of responsibility	10			
Maintenance of discipline	10			
Communication skills	10			
Leadership qualities	10			
Capacity to work in team	10			
Capacity to adhere to time-schedule	10			
Inter-personal relations	10			
Overall bearing and personality	10			
Overall (Average) Grading on 'Personal Attributes'	10			

Name of the Faculty: _____

APAR for the year/period _____

(C) Assessment of 'Functional Competency' (weight-age to this Section would be 30%)

Functional competency	Max Marks	Reporting Authority	Reviewing Authority (refer Para 2 of part-5)	Initials of Reviewing Authority
Knowledge of Rules/ Regulations / Procedures in the area of function and ability to apply them correctly	10			
Strategic planning ability	10			
Decision making ability	10			
Coordination ability	10			
Ability to motivate and develop subordinates	10			
Initiative	10			
Overall (Average) Grading on 'Functional Competency'	10			

**PART-4
GENERAL**

1. Relations with the peers/colleagues/seniors/subordinates

(Please comment on the Officer's approach to dealing with colleagues/seniors/subordinates within and outside department, accessibility and responsiveness to their needs, taking responsibility for the work given, respecting hierarchy, and competency in work environment)

2. Relations with the public (for clinical departments)

(Please comment on the Officer's accessibility to the public and responsiveness to their needs)

3. Need for Training

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the officer)

4. State of health

5. **Integrity**

(Please comment on the integrity of the officer)

*Effectiveness in the development and Protection of Scheduled castes and/or Scheduled Tribes: _____

- a. Attitude towards SCs and/or STs:
- b. Sensitivity to social justice:
- c. Ability to take quick and effective Action to prevent and quell atrocities & ensure justice to SCs and/or STs:
- d. Effectiveness in bringing about the Development of SCs and/or STs:

*(to be filled in only in the case of officers dealing with development and protection of SCs and/or STs.

Where the column is not applicable, it may be so stated against the column.)

6. **Pen Picture by Reporting Officer** (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength, extraordinary achievements, significant failures (ref: (A), (B) & (C) part-2 and attitude towards weaker sections.

7. Please comment on the claims (if made) of outstanding contribution as per section B of Part II self reported by the faculty.

Name of the Faculty: _____

APAR for the year/period _____

8. Please comment on the constraint if any as per section A, B, and C of part II self reported by the faculty:

9. Has the faculty been found guilty through an enquiry; counseled/warned, censured, awarded minor/major penalty during the year: Yes / No

If yes, details (reporting officer to get the information from the Establishment Section)

10. Overall numerical grading on the basis of weightage given in Section A (40%), B (30%) and C (30%) in Part-3 of the Report.

- a. Outstanding (A+) (9-10) :
- b. Very Good (A) (7-8) :
- c. Good (B+) (5-6) :
- d. Average (B) (3-4) :
- e. Poor (C) (1-2) :

If the overall grading is (Outstanding, Average, or Poor) then reason for the same be mentioned clearly.

Date:

Signature of the Reporting Officer

Designation:

Name in Block Letters

Place: :

During the period of Report:

PART – 5

REMARKS OF THE REVIEWING OFFICER

1. Length of Service under the Reviewing Officer

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2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part – 3 & part – 4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? (In case you do not agree with any of the numerical assessments of attributes please record your assessment on the column provided for you in that section and initials your entries).

Yes	No
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3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

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4. Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength and his attitude towards weaker sections.

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Name of the Faculty: _____

APAR for the year/period _____

5. Overall numerical grading on the basis of weight-age given in Section-A (40%), Section-B (30%) and Section-C (30%) in Part 3 of the Report.

Signature of the Reviewing Officer

Date:

Name in Block Letters

Designation

Place:

During the period of Report

Remarks of Accepting Authority

Comments by Accepting Authority

Signature of Accepting Authority.....

Date.....

Designation.....

Guidelines regarding filing up of APAR with numerical grading

1. The columns in the APAR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen-picture by way of specific failures and similarly, any grade of 9 or 10 would be justified in writing with respect to specific accomplishments.
3. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them in writing. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against larger population of his/her peers that may be currently working under them.
4. APARs graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
5. APARs graded between 6 and short of 8 will be rated as "Very Good" and will be given a score of 7.
6. APARs graded between 4 and 6 short of 6 will be rated as "Good" and given a score of 5.
7. APARs graded below 4 will be given a score of "Zero".

Name of the Faculty: _____

APAR for the year/period _____

CERTIFICATE

I _____ Reviewing Officer of the officer reported upon as per O.M. No. A. 28012/11/2011-CHS-V dated 29.03.2012 have supplied a copy of APAR for the period _____ to _____ Dr. _____ for his/her information and to make a representation, if any against the entries and final grading within 15 days.

*2. The representation of the officer reported upon along with comments of Reporting Officer and the comments of the undersigned in my capacity as Reviewing Officer are enclosed.

*3. The officer reported upon has not submitted any representation within 15 days of Communication.

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

Date

Period of Report:

*Strike out whichever is not applicable.