

CONFIDENTIAL REPORT

FOR

SIKKIM STATE HEALTH CADRE SERVICE OFFICERS

Name of Officer:

Designation :

Report for the year:

Period from:

CONFIDENTIAL REPORT

FOR

SIKKIM STATE HEALTH CADRE SERVICE OFFICERS

Name of Officer :

Designation :

Report for the year :

Period form :

CONFIDENTIAL REPORT

FOR

SIKKIM STATE HEALTH CADRE SERVICE OFFICERS

Report for the Year	:
Period from	:

Part- I to be filled by office

1.	Name of Officer and Designation	:
2.	Date of Birth	:
3.	Date of appointment to Gazetted Grade	:
4.	Date of appointment to the present post leave during the Reporting year/period	:
5.	Training received during the reporting year/period indicating the course and the institution where attended	:

Part-Il to be filled by the Officer Reported Upon

1. A brief summary of duties and responsibilities (in not more than 50 words)

- Personal Health care of honorable governor, his spouse and family members
- Liaison with the state health authorities in request to the health needs of honorable governor and

his family if required.

- Accompanying honorable governor during his tour when required, within the state and outside.
- Clinical care on Out Patient basis to the employees of Raj Bhavan with special emphasis on those working in close proximity with the honorable governor for any communicable diseases and action there upon as required.
- Any other responsibility as entrusted by the higher authority as an officer.

Item of word	targets/objectives/ goal	Achievements
1.		
2.		
3.		
4.		
5.		

2. Please specify impatient items of work in order of priority where in quantitative targets/ objectives/ goals were set for you or set by yourself for the reporting year.

3. (a) In case of shortfall of expected quality/ quantity of performance please state the Reason.

(b) Please indicate your contribution in case of significant higher achievement of the target/ objective/ goal. 4. Please specify the number of inspections conducted/ tours performed (only in case of field officers)

No. of inspections/ tours	No. of inspections/ tour performed
expected to be performed	with reasons for shortfall, if any

5. Please indicate instances, if any, of delinquency among your subordinates and action taken in such cases.

Place:

Date:

Signature:

Name:

Designation:

Part - Ill to be filled by Reporting Officer

NOTE: Every answer shall be given in a narrative form using unambiguous and simple language. Words and phrases should be chosen carefully and should accurately reflect the intention of the authority recording the answer Please do not use omnibus expressions like outstanding' 'very good', 'good', 'average', 'below average', 'poor' while giving comments against any of the attributes. Space provided indicates the desired length of the answer.

1. Please comment on Pad II as filled in by the officer especially on the self-assessment of his/her performance.

2. Please give your assessment commenting upon the following traits/ attributes of the Officer.

A-Applicable for all officers.

- (i) Quality of performance:
- (ii) Communication skill (both oral and in writing):
- (iii) Sincerity and devotion to duty:
- (iv) Initiative, creativity, resourcefulness, willing to take responsibility and leadership qualities.

B-For field officers only

(v) Behavior with members of the public including impartiality in dealing.

(vi) Ability to coordinate implementation of tasks and programmes by different functionaries involved.

(3) Please give your assessment on the officer's temperamental and physical ability for field postings and Directorate postings.

(4) Please give your assessment on the officer's relations with Supperiors, colleagues and subordinates and his/her capacity to promote team-spirit and works as a member of the team.

(5) (i) Please state with details if the Officer has been punished during the period under report.

(ii) Please state with details if the officer has received any commendations during the period under report.

(6) Please comment on the officer's integrity

(7) General assessment of the officer with reference to the nature of work turned out, special responsibilities, extenuating or aggravating circumstances etc

(8) Please comment on the officer's character in general and value system with respect to tendering frank and honest advice to superiors, trustworthiness in fulfilling assurances of performance given by him/her, and the office's behavioral pattern in dealing on matters having self-respect.

(9)	Overall grading:	Outstanding
	(Please put a ring round the appropriate grading	very good
	and strike out other grading).	Good
		Average

Below average

Note: - An Officer should not be graded outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out.

Signature of reporting Officer

Place:

Name in block letters

Date:

Designation (during the period of report)

PART - IV Remarks of the Reviewing Officer

- 1. Length of service under the Reviewing Authority.
- 2. Do you agree with the assessment of the officer given by the Reporting Officer? If not, indicate the items/ aspects on which you disagree and give your own assessment on those aspects/ items.
- 3. General remarks with specific comments about the general remarks given by the Reporting Officer including grading.
- 4. Has the Officer any special characteristics and/ or any abilities which would justify his/ her promotion out of turn? If so, please specify.

Signature of Reviewing Officer

Name in block letters.

Date:

Place:

Designation (During the period of reporting)

PART - V Remarks of the Accepting Authority

(Authority next superior to the Reviewing Authority)

Signature of Accepting Authority

Name in Block Letters

Place:

Designation: (During the Period of Report)

Date: