



CONFIDENTIAL REPORT
FOR
SIKKIM STATE HEALTH CADRE SERVICE
OFFICERS

Name of Officer :

Designation :

Report for the year:

Period from :

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Name of Officer :

Designation :

Report for the year :

Period form :

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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-II 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.

2. Please specify important 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.

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

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 expected to be performed	No. of inspections/ tour performed with reasons for shortfall, if any
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5. Please indicate instances, if any, of delinquency among your subordinates and action taken in such cases.

Place:

Signature:

Date:

Name:

Designation:

(9) Overall grading:

Outstanding

(Please put a ring round
the appropriate grading
and strike out other grading).

very good

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

Place:

Name in block letters.

Date:

**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:

Date:

Designation:
(During the Period of Report)