

8. (9-20)

STATE HEALTH SOCIETY  
NATIONAL RURAL HEALTH MISSION  
DIRECTORATE OF HEALTH & FAMILY WELFARE  
NAGALAND, KOHIMA.

NO. NRHM/NL/HR/24/2012-13/

/ Dated Kohima, the August 2013.

**CIRCULAR**

With reference to the circular issued vide No. NRHM/NL/HR/24/2012-13/5218 dated 6<sup>th</sup> August 2013, soft copy of the structured performance appraisal format, along with the guideline for filling up by various categories of staff employed under NRHM is being circulated for perusal by the district authority. The filled format by the staff shall be reviewed by the Appraising /Reviewing authority and forwarded to the undersigned latest by 25<sup>th</sup> September 2013 for further evaluation and extension of contractual service.

It is also reminded that the extension of contractual service shall be dependent on the approval of all HR by GoI beyond September 2013, besides the recommendation by the district authority based on the competency test/performance appraisal.

This is for your information and further necessary action.

Sd/-

(Dr Khanlo Magh)


Mission Director, NRHM

/ Dated Kohima, the 27<sup>th</sup> August 2013.

NO. NRHM/NL/HR/24/2013-14/5291

Copy to:

1. The Commissioner & Secretary to the Government of Nagaland, H&FW & Chairman Executive committee, SHS, NRHM for kind information.
2. The Principal Director, H&FW, Nagaland, Kohima for kind information.
3. All Chief Medical Officer, for information and further necessary action.
4. All Medical Superintendent, for information and further necessary action.
5. Office copy

  
27/8/13  
(Dr Khanlo Magh)  
Mission Director, NRHM





**STATE HEALTH SOCIETY**  
**NATIONAL RURAL HEALTH MISSION,**  
**NAGALAND**

**PERFORMANCE APPRAISAL FOR STAFF APPOINTED UNDER NRHM**

(Performance Appraisal for the period..... to .....) )

Name of the Appraisee : .....

Name of the Appraiser : .....

Reviewing Authority : .....

**LISTS OF APPRAISEES AND THEIR APPRAISING AND REVIEWING AUTHORITIES**

Appraisee	Appraiser	Reviewing Authority
Medical Officer (Specialist/GDMO)	M.S/ Block SMO	CMO
Nurse/Technician/Pharmacist	M.S/ Nsg. Suptd/ Block SMO/ MO	CMO
DCM/Coordinators/DEO/Accountant/ Secretarial Assistants/ District Media Officer/ BPM/BAM etc.(DPMU)	District Nodal Officers (RCH/NRHM/Disease control Programmes)	CMO
DPM/DAM(DPMU)	CMO	Mission Director
DEO/Accountant/ Secretarial Assistants, etc.(SPMU)	State Programme Officer(RCH/NRHM)	Mission Director
Consultants/ Coordinators(SPMU)	State Programme Officer(RCH/NRHM)	Mission Director



**Employee's Particulars:**

1. Name:
2. Designation:
3. Place of Posting:
4. Date of Birth:
5. Date and year of Joining the Organization:
6. Date of joining the Current Designation:
7. Period of absence:

Leave	Period	Type	Remarks
On leave			
Others			

8. Training Programme attended:

Date (from)	Date (to)	Institute/Place	State/District level	Subject

**Date:** .....

**Place:** .....

**Signature :**

**(On behalf of the Authority)**



**SELF EVALUATION**  
(To be filled by the Appraisee/ Employee)

Please list your Performance indicators as per your Job description & Responsibilities/Terms of Reference(ToR) and/or as per the annexure enclosed. Against each, mention your actual achievements (if any) on each area. Also, give percentage score to your achievements in the appropriate column.

Sl. No.	Performance Indicator	Benchmark	Achievements	Achievement in Percentage

\*Benchmark to be fixed by the district authority based on population/no. of villages/accessibility of the health unit/level of health unit( SC/PHC/CHC/DH), etc.

Other areas of Contribution (Area which are not covered above) in not more than 80 words.

Mention constraints (if any) in your work in not more than 80 words.

Date:  
Place:

(Signature of the Appraisee)

N.B: Additional sheets can be used as required for filling up as per the above format.



Part C (Confidential)

I. (To be filled in by Appraiser)

I. PERFORMANCE SUMMARY AND TREND (Summarize your view of appraisee's achievements & scoring and comment on performance trend during the past month/year):

- 

II. STRENGTHS (Describe appraisee's strengths and how they have contributed to the current assignments):

- 

III. ACTION FOR PERFORMANCE ENHANCEMENT (Identify specific areas needing improvement and development actions viz. trainings/orientations etc. you feel would enhance the appraisee's current or future performance):

IV. Overall Grading of the appraisee on a scale of 1 to 10:  
(Outstanding: 9-10; Very Good: 7-8; Good: 5-6; Fair: 1-4).

Justification (if Graded 9 and above & 4 and below):

- 

II. (To be filled by Reviewing Officer)

Reviewer's comment:

- 

Date:  
Place:

(Signature of the Reviewing Officer)



## (FEEDBACK FORM)

Individual Assessment	To be filled by appraisee	To be filled by appraiser
<b>Strengths</b>		
<b>Development needs</b>		
<p style="text-align: center;"><b>Development plans</b></p> <p style="text-align: center;">(Indicate trainings/orientation required)</p>		

(Signature of the Appraisee)

(Signature of the Appraiser)

Place:

Place:

Date:

Date:

Feedback form is to provide feedback to the Appraisee by the Appraiser and is not to be submitted to the Reviewing officer.