

Health & Family Welfare Department
Himachal Pradesh

Annual Confidential Report for the year 1st April _____ to the
31st March _____.

PART-I

- 1 Name and designation _____
- 2 Date of birth _____
- 3 Education Qualifications _____
- 4 Total Service _____
- 5 Date of appointment in H.P. Health Services _____
- 6 Present appointment in H.P. Health Services _____
- 7 Present pay scale _____
- 8 Pay on the 1st January _____
- 9 Period of absence from Duty (Other than casual leave) on Training Fellowship, Study leave during the year _____

Place of posting _____

Date _____

Signature of the Officer _____

Designation _____

[Handwritten signature and initials]

PART-II

Brief resume of the work done by the officer reported upon during the period from _____ to _____ bringing out any special achievement of his / her during the period not exceeding three hundred words (To be filled by the officer reported upon).

Name _____

PART-III

Name _____

10 Assessment by Reporting Officer

Do you agree with the report of the work as Indicated by officers in Part-II. If not, give Reasons for disagreeing with it

11 State of Health

Note. Assessment under following Columns 6-20 should be expressed Clearly including words

12 Temperament

- a) Is he / She claim and does he/she Retain poise at times of pressure of work
- b) Does he/she got provoked easily

13 Knowledge of Rules, Regulations & Procedures

- a) Adequate
- b) Not good enough

14 Quality of work

Attention to detail

- a) Reliable and comprehensive.
- b) Considers all relevant details.
- c) Inclined to be superficial.

15 Opinion Regarding Professional Ability

I General profession knowledge

- a. Excellent.
- b. Very Good.
- c. Good.
- d. Average.
- e. Poor.

II Special knowledge or ability in any branch of professional work

III Is he/she keeping his/her professional knowledge upto date

IV Any contribution to scientific journals etc. (For

Name _____

16 Ability of Analyses facts, propose alternatives and help in decision, and policy making (For administrations Only)

17 Quality of Supervision

- a) Very through and of a high order.
- b) Good and useful.
- c) Average and routine.
- d) Poor.

18 Initiative & Drive

- a) Excellent.
- b) In good manners.
- c) Adequate.
- d) Lacking

19 Readiness to assume responsibility

- a) Promptly comes forward and accepts.
- b) Accepts responsibility, if comes.
- c) Tends to evade.
- d) Pass responsibility to others.

20 Control and Management of Staff

I Ability to inspire confidence and to get the best out of the Staff

- a) Get the best from them.
- b) Just manages.
- c) Inadequate.

II Quick capacity to train, help & advice the staff and ability to handle his/her subordinate

- a) Excellent
- b) Very Good
- c) Good
- d) Average

21 Relationship with Colleagues

- a) Wins and retains the highest regard of all.

Name _____

22 Relationship with Public/Patients

- a) Wins and retains the highest regard of all.
- b) Is generally liked and respected.
- c) Not easy in his/her relationship but gets by.

23 Contribution towards

- a) National Family Welfare Programme.
- b) Public Health Programme.

24 Integrity
 (Instruction contained in Ministry of Home Affairs
 O.M. No. 51/4/64-Estt. (A) Dated 21/06/1965
 should be kept in mind.)

Grading _____

Signature of Reporting Officer _____
 Name in Block Letters _____
 Designation _____
 Dated _____

PART-IV

6

6

Name _____

Remarks of Reviewing Officer

- 25 Length of Service under the Reviewing Officer
- 26 Do you agree with the Reporting Officer. A regard to his remarks on the resume of the work done by the officer no contained in Part-II of the report. If not, indicate briefly the reasons for Disagreeing with reporting officer and the extent of your disagreement.
- 27 Overall assessment of performance and qualities.
- 28 Has the Officer and special characteristic are abilities which would justify his advancement and special selection for higher appointment out of turn if so, mention these characteristic briefly and indicate why you consider him/ her fit for out of turn promotion.

Grading _____

Signature of Reviewing Officer _____

Name in Block Letters _____

Designation _____

Dated _____

7

Signature of Counter Signing Officer

3

PART-V

Name _____

Countersignatures by the next higher with remarks if any.

Signature of Counter Signing Officer _____

Name in Block Letters _____

Designation _____

Date:

Name:

History Sheet:

Countersignatures by the next higher with remarks if any.

Signature of Counter Signing Officer _____

Name in Block Letters _____

To be filled by the Officer

- 1 Name in (Full)
- 2 Father Name
- 3 Date of birth
- 4 Place of birth
- 5 Home Village/Town in accordance with M&HAO M
No. 43/1/54-Esta. (A) Pt.II-10-1956.
- 6 Whether belonged to schedule case/Schedule tribes
if so (exact cast or tribe to be specified.)
- 7 Educational qualifications

Degree of
Examination
passed

University

Year

Division or
Distinction
obtained if any