



ANNUAL SELF APPRAISAL FORM FOR NON TEACHING STAFF

Department :	Year of Assessment :
Name :	Date of Joining :
Academic Qualification:	Designation :

(Need to filled with 5 point scale)

5 - Excellent; 4 - Good; 3 - Satisfactory; 2 - Average; 1 - Poor

1) - Parameters	Lab In Charge (Faculty) to fill	HOD to fill
Knowledge of rules, regulation and procedure		
Discipline		
Reliability		
Maintenance of Files/Records		
Technical abilities		
Creativity and innovation		
Completion of work on schedule		
Relations/Co-operation with superiors, subordinates, colleagues, students and public		
Ability and willingness to take up additional load in times of exigencies		
Departmental Abilities		

Date :

Signature of the staff member

TO BE FILLED IN BY THE HOD/SUPERVISOR

2). Overall Evaluation /Any outstanding contribution made by the Employee:

Date :

Signature of HOD

3). Remarks if any of PRINCIPAL:

Date :

Signature of Principal