

# **PERFORMANCE APPRAISAL OF QUALITY CONSULTANT**

**Note :** Part I, II & III will be filled by official.

**FOR THE YEAR** \_\_\_\_\_

Department/ Office \_\_\_\_\_

## **PART – I**

1. Name of the Officer & Designation: \_\_\_\_\_

2. Date of birth: \_\_\_\_\_

3. Date of appointment in National Health Mission: \_\_\_\_\_

4. Educational Qualification:

5. Present appointment:

6. Period of absence from duty on leave (Casual, Medical Leave, Maternity Leave etc or any other leave ):

Place of Posting \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Officer: \_\_\_\_\_

## **PART – II**

7. Brief resume of the work done of reporting year (100 words)

Name & Signature of official \_\_\_\_\_

## **PART- III**

### **Kayakalp**

8. No. of field visits done during the year( Doc attached)\_\_\_\_\_

9. No of training conducted during the year\_\_\_\_\_

10. No fo training attended during the year\_\_\_\_\_

#### **11. Kayakalp Implementation**

a. No of facilities in the Distt (DH, CH, CHC & PHC)\_\_\_\_\_

b. Proportion of facilities the Kayakalp program is  
implementation (DH, CH, CHC & PHC) \_\_\_\_\_

c. No of facilities scored >70% in Kayakalp for this FY\_\_\_\_\_

d. No of facilities scored < 50 in Kayakalp for this FY\_\_\_\_\_

e. Reason for poor scoring facilities (<50%)\_\_\_\_\_

f. Proportion facility had scored > 70 % from last year \_\_\_\_\_

#### **12. National Quality Assurance Standards (NQAS)**

a. No of facilities shortlisted for NQAS Certification (DH, CH, CHC & PHC) \_\_\_\_\_

b. No of facilities scored >70% for state certification \_\_\_\_\_

c. No of facilities scored between 50-70% \_\_\_\_\_

d. No of facilities scored < 50%\_\_\_\_\_

e. Reason for poor scoring of facilities\_\_\_\_\_

f. No of facilities received State certification\_\_\_\_\_

g. No of facilities received National certification\_\_\_\_\_

i. Proportion of facilities score in NQAS (mentioned in percentage)

(a) <50%\_\_\_\_\_

(b) 50% - 60%\_\_\_\_\_

(c) 60% - 70%\_\_\_\_\_

j. Reason of poor performance of the facilities (<50%)\_\_\_\_\_

k. No of facilities Key Performance Indicator are analysed & reported (KPI) (DH, CH , CHC & PHC) \_\_\_\_\_

l. Utilization of Quality Improvement Tools for observe gaps \_\_\_\_\_

- (a) No of process mapping prepared
- (b) PDCA implemented
- (c) 5 S implementation
- (d) Mistake proofing

m. Patient satisfaction survey implemented in the facilities \_\_\_\_\_

n. Implementation of quality tools for observed gaps \_\_\_\_\_

Name & Signature of the official \_\_\_\_\_

## **PART - IV**

### **Assessment by Reporting Officer: (DPO, QA / MOH)**

#### **13. State of Health**

- a) Good
- b) Absentism due to health problem

#### **14. Temperament:**

- a) Is he/she calm and does he/she retain poise at time of pressure of work.
- b) Does he/she got provoked easily:

#### **15. Knowledge of Rules, Regulation & Procedures:**

- a) Very Good (Adequate)
- b) Good (Try together the information)
- c) Average (Not good enough)
- d) Poor (Not efforts for information updating)

#### **16. Quality of Work:**

Attention to detail

- a) Reliable and comprehensive
- b) Considers all relevant details
- c) Inclined to be superficial
- d) Not attentative

#### **17. Opinion Regarding Professional Ability:**

General Profession Knowledge

- a). Excellent:
- b). Good
- c). Average
- d). Poor

#### **18. Obedience of the Officer**

- a) Excellent: (Share the information promptly)
- b) Good (Share the information in stipulated time)
- c) Average (Share the information with some delay)
- d) Poor (Share the information after many reminders)

**19. Kayakalp Implemetation (over all)**

- a). Excellent:
- b). Good
- c) Average
- d). Poor

**20. NQAS Implementation (over all)**

- a) Excellent:
- b) Good
- c) Average
- d) Poor

**Remaks by Reporting Officer for NQAS achievement**\_\_\_\_\_

**Name (in block letter)**\_\_\_\_\_

Designation\_\_\_\_\_

Signature of Reporting Officer\_\_\_\_\_

**Counter Sign by CMO**\_\_\_\_\_

**PART - V**

**Assessment by Reviewing officer : (SPO, QA)**

Do you agree with performance of work indicating Part I to IV.

Remakrs on Kayakalp Achievement of the officer\_\_\_\_\_

Remarks on NQAS Achievement of the officer\_\_\_\_\_

Do you agree with reporting officer assessment ( if disagree give reason)\_\_\_\_\_

Has the officer done any outstanding or notable work during assessment year :

(briefly mentioned)\_\_\_\_\_

**Grading by the Reviewing officer:**

- a) Excellent:
- b) Good
- c) Average
- d) Poor

**Name (in block letter)**\_\_\_\_\_

Designation\_\_\_\_\_

Signature of Reviewing Officer\_\_\_\_\_

## PART - VI

**Counter signature by Dy MD (NHM)**

**(Name in block letter)** \_\_\_\_\_

Remakrs (if any)

**Signature** \_\_\_\_\_

**Counter signature by MD (NHM)** \_\_\_\_\_

**(Name in block Letter)** \_\_\_\_\_

Remakrs (if any)

**Signature.** \_\_\_\_\_

**PERFORMANCE APPRAISAL OF ADMINISTRATIVE CUM PROGRAM ASSISTANT, QA**

Report for the year/period ending : \_\_\_\_\_ to \_\_\_\_\_

Department office \_\_\_\_\_

**PART I**

1. Name of Official \_\_\_\_\_

2. Designation & place of posting \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Date of appointment in National Health Mission \_\_\_\_\_

5. Educational Qualification \_\_\_\_\_

6. Present appointment \_\_\_\_\_

7. Period of absence from duty

Leave Period: (Maternity leave, Medical leave , Casual leave or any other leave etc)

Place of Posting \_\_\_\_\_

Date \_\_\_\_\_

**Part - II**

8. Brief resume of work done during the reporting year ( 100 words

Signature of official \_\_\_\_\_

## **PART III**

### **ASSESSMENT BY THE REPORTING OFFICER (Distt QA Consulatant)**

9. State of Health :

- a) Good
- b) Absentism due to health problem

10. **Temprament**

- a) Is he/she calm and does he/she retain poise at time of pressure of work.
- b) Does he/she got provoked easily:

11. **General intelligence and keenness to learn. :**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

12. **Attention to the office work such as proper maintenance of Assistants Diary, Guard Files, Recording, Indexing and weeding of files.**

- (a) Pays adequate attention to these aspects
- (b) Is indifferent to these aspects.
- (c) Has to be constantly prompted and supervised

13. **Knowledge of office procedure:-**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

14. **Knowledge of Rules, Regulations and instructions in general and with particular reference to the work allotted to him/her.**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor



**15. Quality of work**

**Ability to apply the relevant rules and regulations correctly:-**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

**16. Capacity to examination cases, thoroughly and comprehensively**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

**17. Ability for noting and drafting**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

**18. Promptness in disposal of work**

- (a) Very Prompt
- (b) Complets the task in stipulated time
- (c) Takes 7-8 days to complete the work

**19. Amenability to discipline**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

**20. Punctuality in attendance**

- (a) Always punctual
- (b) Panctual
- (c) Not Panctual
- (d) Leave exceed as per entitlement

**21. Relations with fellow employees**

- (a) cooperative
- (b) non cooperative
- (c) healpful always
- (d) not bother at all

**22. Integrity**

- (a) Very Good
- (b) Good
- (c) Average
- (d) Poor

**23. Has the official been reprimanded for indifferent work or for other causes during the period under report. If so, please give brief particulars.**

- (a) Yes
- (b) No

**24. Has the official done any outstanding or notable work meriting commendation. Briefly mention them.**

Signatures of Reporting Officer \_\_\_\_\_

Name in Block letter \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_

**Counter Sign by CMO** \_\_\_\_\_

**PART IV**  
**ASSESSMENT OF REVIEWING OFFICER (SPO, QA)**

**21. Do you agree with the remarks of the Reporting Officer , Give detailed remarks on in Part II & III.**

Signatures of Reviewing Officer \_\_\_\_\_

Name in Block letter \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_

**PART V**

**Review by the next higher authority with remarks, if any**

**Counter signature by Dy MD (NHM)**

(Name in block letter) \_\_\_\_\_

Signature \_\_\_\_\_

**Counter signature by MD (NHM) \_\_\_\_\_**

(Name in block Letter) \_\_\_\_\_

Remarks (if any)

**Signature.** \_\_\_\_\_