



**PART – III**

**REMARKS OF THE REPORTING OFFICER**

*(Please put a tick mark in the appropriate box)*

**A. PERSONAL QUALITIES**

**O      VG      G      A      BA**

1. Neatness and cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Acceptance of professional values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. GENERAL ASSESSMENT**

*I. In relation to patient care/technical/pharmacy professional*

(a) Appreciation of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Recognition of the needs of the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Planning and organizing Nursing Care Technical/Pharmacy procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Skill in carrying out Nursing/Technical/ Pharmacy Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Application of Scientific principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Carrying out of instruction accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Report accurately:					
i) Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) In writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Recording accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Making effective use of records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Resourcefulness in adopting to situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Recognition and use of opportunities for health teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Critical evaluation of her/his work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*II. In relation to others:*

(a) Cooperation with Nursing/Technical/Pharmacy Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Cooperation with other health team worker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Attitude to patient visions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Health Education givens to relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Loyally and relation with superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. In relation to institution:

- (a) Understanding of hospital administration
- (b) Absence of policies
- (c) Use of proper channels of communication
- (d) Understanding of ward administration
- (e) Awareness of Nursing Services/Technical/  
Pharmacy/Professional needs.
- (f) Economy and care of supplies and equipment
- (g) Assistance in maintaining a clean ward  
Environment.

**C. CONCLUDING REMARKS :**

- 1. Had the officer been reprimanded during the period       
Under report and is there improvement as a result of it  
(give brief description)
- 2. Is there any notable achievements deserving       
Appreciation.
- 3. An adverse remarks briefly describe, if any
- 4. Any other remarks
- 5. Integrity
- 6. Overall grading based on the above grading report       
(put a ring around the appropriate grading)

- O = Outstanding
- VG = Very Good
- G = Good
- A = Average
- BA = Below Average

Signature: \_\_\_\_\_  
 Name (in Block letters) : \_\_\_\_\_  
 Designation : \_\_\_\_\_

**PART – IV**

**REMARKS OF THE REVIEWING OFFICER**

*(in case of the Reporting Officer does not agree with the remarks of the Reporting Officer brief reason should be given)*

**A. REVIEWING ON THE REMARKS OF REPORTING OFFICER**

1. On Part-III A (Personal Quality)

2. On Part-III B (General Assessment)

3. CONCLUDING GRADING (Put a ring around the appropriate grading)

Outstanding

Very Good

Good

Average

Below Average

Signature: \_\_\_\_\_

Name (in Block letters) : \_\_\_\_\_

Designation : \_\_\_\_\_

**PART – V**

**REMARKS OF THE ACCEPTING OFFICER**

Signature: \_\_\_\_\_

Name (in Block letters) : \_\_\_\_\_

Designation : \_\_\_\_\_