# FORM OF CONFIDENTIAL REPORT FOR NURSING SERVICES/OTHER TECHNICAL SERVICES /PHARMACEUTICAL SERVICES/OTHER TECHNICAL SERVICES EXCLUDING INSPECTOR OF STATISTICS

## PART – I (to be filled by Officer)

Reporting Period from	to
1. Name of Officer (In capital letter)	:
2. Present Post Held	:
3. Date of continuous appointment to	ī
The present Grade	
4. Date of Birth	;
5. Whether SC/ST	:
6. Period of absence on leave exceeding 15	:
Days, if any during the report	
7. Training Programme during the year with	:
Name of the course and duration.	
8. Education/Technical Qualification	:
9. Departmental Examination passed	:
10. Date of submission of last property return	:
2. Brief resume of works done and achievement	nt during the period under report:
	Signature:
	Name (in Block letters) :
	Designation:

### PART – III

#### REMARKS OF THE REPORTING OFFICER

(Please put a tick mark in the appropriate box)

A. PEI	RSONAL QUALITIES	O	VG	G	A	BA
1.	Neatness and cleanliness					
2.	Punctuality					
3.	Confidence					
4.	Emotional maturity					
5.	Sense of responsibility					
6.	Acceptance of professional values					
B. GE	NERAL ASSESSMENT					
I. In re	elation to patient care/technical/pharmacy professional					
(a)	Appreciation of the patient					
(b)	Recognition of the needs of the patient					
(c)	Planning and organizing Nursing Care					
	Technical/Pharmacy procedures.					
(d)	Skill in carrying out Nursing/Technical/					
	Pharmacy Procedures.					
(e)	Application of Scientific principles.					
(f)	Carrying out of instruction accuterately					
(g)	Report accurately:					
	i) Orally					
	ii) In writing					
(h)	Recording accurately					
(i)	Making effective use of records					
(j)	Resourcefulness in adopting to situation					
(k)	Recognition and use of opportunities for					
	health teaching.					
(1)	Critical evaluation of her/his work					
II.	In relation to others:					
(a)	Cooperation with Nursing/Technical/Pharmacy					
	Procedures.					
(b)	Cooperation with other health team worker's					
(c)	Attitude to patient visions					
(d)	Health Education givens to relatives					
(e)	Loyally and relation with superior					

III.	In r	elation t	o institution:	
(a)	Unders	tanding	of hospital administration	
(b)	Absence	e of pol	icies	
(c)	Use of	proper o	channels of communication	
(d)	Unders	tanding	of ward administration	
(e)	Awaren	ness of I	Nursing Services/Technical/	
	Pharma	acy/Prof	essional needs.	
(f)	Econor	ny and o	care of supplies and equipment	
(g)	Assista	nce in n	naintaining a clean ward	
	Enviro	nment.		
С.	CONC	LUDIN	G REMARKS :	
1.			been reprimanded during the period	
			nd is there improvement as a result of	it
		_	eription)	
2.			table achievements deserving	
	Apprec	iation.		
3.	An adv	erse ren	narks briefly describe, if any	
4.	Any ot	her rema	arks	
5.	Integrit	y		
6.	Overal	grading	g based on the above grading report	
	(put a r	ing arou	and the appropriate grading)	
	O	=	Outstanding	
	VG	=	Very Good	
	G	=	Good	
	A	=	Average	
	BA	=	Below Average	
			Signature:	
			_	Block letters):
			i tuille (III	

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)

RE	REVIEWING ON THE REMARKS OF REPORTING	G OFFICER		
1.	1. On Part-III A (Personal Quality)			
2.	2. On Part-III B (General Assessment)			
۷.	2. On Fait-III B (General Assessment)			
2	2 CONCLUDING CD ADING (Dut a min a arround the	o components can line)		
3.	<b>\</b>	e appropriate grading)		
	Outstanding			
	Very Good			
	Good			
	Average			
	Below Average			
		clock letters) :		
	Designation	1:		
	PART – V			
	rakı – v			
DEMARKS OF THE ACCEPTANCE OF THE				
REMARKS OF THE ACCEPTING OFFICER				
	~*			
		Plock letters):		
	Designation	1:		

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