

PROFORMA

DETAILS OF OFFICERS TO BE EVALUATED FOR DECLARATION OF COMPLETION OF PROBATION

1. Name :
2. Date of Birth :
3. Designation & Name of Institution :
4. Scale of Pay :
5. Minimum Educational Qualification prescribed for the post :
6. Educational Qualification(s) of the Employee :
7. Details of Service under IHRD as on :

Designation

Period of service
From To

Duration of service
Year Month Day

1)

2)

8. Date of Time (FN or AN) of joining duty in the present post :
9. Nature of Appointment in the Present post :
10. Has the appointment been regularized & If so the relevant orders may be quoted :
11. Whether any test such as Account Test has been made obligatory for the post & if so, whether the officer has passed the test (Reg. No., date of notification of the PSC : by which the results were published, No & date of gazette in which published etc. may also be indicated)

12. Details of leave other than casual leave and maternity leave availed of during the period of probation with details of holidays if any prefixed or suffixed :
13. Details of period of Dies-non, if any :
14. Details of deputation benefits if any enjoyed during the probation period :
15. Date of completion of one year of actual duty within a continuous period of two years. (The terms 'duty' includes vacation, authorized holidays, casual leave and maternity leave and excludes all other kinds of leave) :
16. Is the probationer suitable for absorption to IHRD service as per the evaluation report :

CERTIFICATE

The details furnished above have been verified with the relevant records and found correct.

Certified that the work, conduct, character, professional competency, devotion to work of Sri./Smt. has been found satisfactory /not satisfactory during the period of probation. No penalty has been imposed on the officer during the period of probation and no case of disciplinary action against the officer is pending disposal. He/She may be/ may not be declared to have satisfactorily completed his/her probation with effect from (FN/AN) as per institute rules.

Place:	Signature :
Date:	Name & Designation of the Head of Institution :
	(with seal)

RECOMMENDATION OF THE PROBATION COMMITTEE

PERFORMANCE EVALUATION REPORT

In respect of

Sri./Smt.....

1.	<i>Name of Employee & Designation</i>	
2.	<i>Date of birth</i>	
3.	<i>Qualification</i>	
4.	<i>Details of commencement of regular service in the present designation</i>	
5.	<i>No. of years experience in office work under IHRD</i>	
6.	<i>Date of passing of Account Test Lower</i>	
7.	<i>Date of passing of MOP</i>	
8.	<i>Date from which the employee is working in the present institution</i>	
9.	<i>Details of leave other than casual leave availed of by the employee during the last two years.</i>	
10.	<i>Nature of duties and responsibilities assigned</i>	
11.	<i>Quality of output in work</i>	
12.	<i>Knowledge of sphere of work</i>	
13.	<i>Whether he/she is effective in the day to day work</i>	
14.	<i>Initiative on the post of the employee</i>	
15.	<i>Attitude to work</i>	

16.	<i>Has the employee been reprimanded for indifferent work or for other causes? If so, please give particulars.</i>	
17.	<i>Interpersonal relationship and team spirit</i>	
18.	<i>Health</i>	
19.	<i>Integrity</i>	
20.	<i>Punctuality</i>	
21.	<i>General assessment</i>	
22.	<i>Grading (Outstanding/ Very Good/ Good/ Average/ Below Average)</i>	
23.	<i>General Remarks</i>	

*Certified that the assessment of Performance of
Sri./Smt.....is accurate to
the best of my knowledge and belief.*

*Signature :
Name :
Designation :
Institution :*

Place:

Date :