

PERFORMANCE APPRAISAL FORM

Employee Number:	_____
Assessment Year / Period:	_____ to _____
Name:	_____
Qualification:	_____
Code:	_____
Experience (in the company):	_____ (Total exp: _____)
Designation:	_____
Department:	_____
Period in present post:	_____
DOJ:	_____
Appraiser:	_____
DOB:	_____
Reviewer:	_____

Rating Index: Poor – 1; Average – 2; Good – 3; Very Good – 4; Outstanding – 5

SNo	Performance Criteria	Appraisee Rating	Appraiser Rating
1	Work Orientation		
	Punctuality		
	Managing Work Schedule		
	Adapting Company Values		
	Proactiveness		
	Interaction with team members		
	Helps the team members during crises		
	Participation in Team activities		
2	Job Proficiency		
	Demonstrating Technical/Domain Knowledge		
	Adherence to Quality (Accuracy, Presentation, Reliability)		
	Meeting Deadlines		
	Adherence to business practices, policies, processes		
	Accountability for work		
3	Personal Effectiveness		
	Business Communication		
	Interest in learning new technologies & concepts		
	Implementation of learning's at work		

	Trains / teaches / shares knowledge with team and peers		
	Open to Feedback for continuous improvement		
	Positive attitude		
	Team Spirit		
4	Managerial Competencies		
	Employee Development		
	Customer Orientation		
	Change Management		
	Ownership & Commitment		
	Initiatives at work		
	Decision making		
	Project Management		
	Handling Pressure		
	Meeting Deadlines		
	Attrition Management		

Sign of Appraiser: _____ Date: _____

Sign of Reviewer: _____ Date: _____

For HR Department use only

Appraisal completed on:	_____
The employee is eligible for an increment of	_____ w.e.f _____
The employee can be promoted to	_____ w.e.f _____
The employee can be transferred to	_____ department as _____ w.e.f _____
Training Needs	1. _____ 2. _____

Date: _____ Head – HR: _____