

AKASH INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER & HOSPITAL

Prasannahalli Road, Devanahalli, Near International Airport, Bangalore - 562110

SELF APPRAISAL FORM

(MEDICAL AND PARAMEDICAL STAFF)

NAME (as in appointment order):

AGE:.....SEX:.....DATE OF JOINING/REJOINING:.....

PRESENT POSITION IN INSTITUTE:

A) ACADEMICS :

- a) No of Institutional Academic Sessions Attended.....
- b) No of conferences attended – STATE/ NATIONAL/INTERNATIONAL
- c) No of CME POINTS ACCRUED since joining AIMS & RC.....
- d) No of Paper/Publications in indexed journals after joining AIMS & RC.....
- e) No of Intra Departmental teaching classes.....
- f) No of Inter Departmental teaching classes for Nurses/ Students
- g) No of Talks/Discussions/Posters/Workshops.

B) CLINICAL WORK:

- a) No of OPD days per week.....
- b) Average No of Patients seen in OPD daily.....
- c) Average No of Minor Procedures performed
 - a) Personally
 - b) Assisted
- d) Average No of Major Procedures performed
 - a) Personally
 - b) Assisted
- e) No of Health Camps attended.....
- f) No of Night Duties per month.....
- g) No of Extra Emergency Duties performed on request per month.....

C) ATTENDANCE:

- a) Total No of Loss of Pay leaves availed the preceding year.....
- b) Total No of leave availed (all inclusive) in the year.....

D) DISCIPLINE:

- a) Any Disciplinary Action has been initiated by the institute against you- YES/NO
- b) Any complaints/cases are pending against you in court – YES/NO

E) RESPONSIBILITY:

- a) Any extracurricular responsibilities like Warden, Committee Head etc has been undertaken by you?

The above details are true and I stand by the details furnished.

NAME OF STAFF:

SIGNATURE

DATE:

HOD/ INCHARGE COMMENTS

DATE:

NAME OF HOD/INCHARGE

SIGNATURE

MANAGEMENT COMMENTS

DATE:

AUTHORISED SIGNATURE

GUIDELINES FOR SUBMITTING SELF APPRAISAL FORMS

- 1) All Medical and Paramedical staff who have completed one year service at AIMS&RC and Hospital as on 30/11/2016 are requested to fill the self appraisal forms to be considered for Increments/ Promotions.
- 2) The PDF format of the form is available in the website: www.aimsrc.com
- 3) All those interested to avail the increment are requested to download the form and fill them in **CAPITAL LETTERS** legibly.
- 4) All the required information **MUST** be filled by the staff.
- 5) The data submitted by the staff will be scrutinized by the Governing Council before a final decision is taken.
- 6) The staff are requested to handover the filled forms to HOD/Incharge.
- 7) The HOD/Incharge **MUST** write his/her comments confidentially and handover the forms to Medical Superintendent (Hospital)/Principal (College) in a sealed cover latest by **4:30 P.M. on 10/12/2016.**
- 8) Any partially completed forms or forms without the HOD/Incharge comments will not be considered for Increments/Promotions.
- 9) All the Non Medical Staff are requested to submit their requests with comments from the Administrator to the Medical Superintendent Office/ Principal Office.