



**LADY READING HOSPITAL, PESHAWAR
MEDICAL TEACHING INSTITUTION**

HR ID: _____

Annual PERFORMANCE REVIEW (MEDICAL STAFF)

ISSUE DATE: _____

APPRAISAL PERIOD: JAN-DEC, 2016

SUBMISSION DATE: _____

Doctor Name: _____ Father Name: _____

Designation (as per appointment): _____ BPS/Grade: _____ HR ID: _____

Department: _____ Place of Duty: _____

Employment Status (Civil / Institutional): _____ PMDC No. _____
(As & if applicable)

CNIC No: _____ Contact No: _____ HoD Name _____

1. Quality of Work (15 Marks)

Work is performed accurately and neatly. Work is Consistent, thorough and complete.	Comments (If any)
<input type="checkbox"/> Outstanding (15) <input type="checkbox"/> Exceeds Expectations (12) <input type="checkbox"/> Meets Expectations (09) <input type="checkbox"/> Improvement Needed (07) <input type="checkbox"/> Unacceptable (05)	

2. Quantity of Work (15 Marks)

Amount of work performed on a daily basis is Appropriate for job function	Comments (If any)
<input type="checkbox"/> Outstanding (15) <input type="checkbox"/> Exceeds Expectations (12) <input type="checkbox"/> Meets Expectations (09) <input type="checkbox"/> Improvement Needed (07) <input type="checkbox"/> Unacceptable (05)	

3. Job Knowledge (15 Marks)

Understands the job requirements and has specific Content knowledge where appropriate.	Comments (If any)
<input type="checkbox"/> Outstanding (15) <input type="checkbox"/> Exceeds Expectations (12) <input type="checkbox"/> Meets Expectations (09) <input type="checkbox"/> Improvement Needed (07) <input type="checkbox"/> Unacceptable (05)	

4. Punctuality and Dedication (15 Marks)

Punctual and Dedicated towards Job	Comments (If any)
<input type="checkbox"/> Outstanding (15) <input type="checkbox"/> Exceeds Expectations (12) <input type="checkbox"/> Meets Expectations (09) <input type="checkbox"/> Improvement Needed (07) <input type="checkbox"/> Unacceptable (05)	

5. Interaction with colleagues, Employees and General public visiting Hospital (15 Marks)

Behavior and Communication Skills	Comments (If any)
<input type="checkbox"/> Outstanding (15) <input type="checkbox"/> Exceeds Expectations (12) <input type="checkbox"/> Meets Expectations (09)	



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<input type="checkbox"/> Improvement Needed	(07)	
<input type="checkbox"/> Unacceptable	(05)	

6. Professional Appearance (10 Marks)

Uniform and Dress code	Comments (If any)
<input type="checkbox"/> Outstanding	(10)
<input type="checkbox"/> Exceeds Expectations	(08)
<input type="checkbox"/> Meets Expectations	(06)
<input type="checkbox"/> Improvement Needed	(05)
<input type="checkbox"/> Unacceptable	(03)

Has the performance of the employee been extraordinary enough to justify consideration for accelerated promotion and or salary increment?

- Yes
- No

If yes explain: _____

GENERAL COMMENTS _____

REVIEWER'S _____
(Name, Signature & Date)

DEPARTMENT HEAD: _____
(Name, Signature & Date)

EMPLOYEE COMMENTS (OPTIONAL) _____

EMPLOYEE _____
(Name, signature and date)

Medical Director Comments: _____

COUNTER SIGNED: Signature & Date _____
(Medical Director)

(Note: Make photocopies of this form as required)