



LADY READING HOSPITAL  
MEDICAL TEACHING INSTITUTION, PESHAWAR

Form No: \_\_\_\_\_

ANNUAL PERFORMANCE REVIEW (Non-Doctor)

ISSUE DATE: 01-Feb-2017

APPRAISAL PERIOD: JAN-DEC, 2016

SUBMISSION DATE: 15-Feb-2017

Employee Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

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

Department: \_\_\_\_\_ Place of Duty: \_\_\_\_\_

Employment Status (Civil / Institutional): \_\_\_\_\_ PNC Reg. No. \_\_\_\_\_  
(As & if applicable)

CNIC No: \_\_\_\_\_ Contact No: \_\_\_\_\_ HoD \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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)	



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**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)	
<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)	

Justification in case of extreme performance standards (Outstanding or Unacceptable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR/REVIEWER'S \_\_\_\_\_  
(Name, Signature & Date)

DEPARTMENT HEAD: \_\_\_\_\_  
( Name, Signature & Date)

EMPLOYEE COMMENTS (OPTIONAL) \_\_\_\_\_

\_\_\_\_\_

EMPLOYEE \_\_\_\_\_  
(Name, signature and date)

Comments by any Signatory: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COUNTER SIGNED: Signature & Date \_\_\_\_\_  
(Hospital Director)

(Note: Make photocopies of this form as required)