



Human Recourses and Administration Division
Nāgānanda International Institute for Buddhist Studies

EVALUATION CERTIFICATION FORM FOR EXECUTIVE GRADES OFFICERS PART I

[To be filled by the Human Recourses and Administration Division]

1. Name :
2. Department / Division :
3. Designation :
4. Date of Appointment to the present post:
5. Salary Scale: Rs.....
6. Present Salary Step: Rs.
7. Date of Increment :
8. Value of Increment: Rs.
9. Present salary plus increment due : Rs.....
10. Period of Evaluation :
11. Whether E.B. passed (If applicable) :
12. If the officer has been warned, punished or commended during the period under appraisal give details:

Leave particulars of past two years and the current year:

<u>Year</u>	<u>Casual</u>	<u>Balance</u>	<u>Vacation</u>	<u>Balance</u>	<u>No Pay</u>
		<u>Available</u>		<u>Available</u>	

Date:

Signature of the Registrar
Human Recourses and Administration Division

PART II

II.1 SELF-ASSESSMENT (To be filled by the employee)

TASKS	ASSESSMENT				
	1	2	3	4	5
a.					
b.					
c.					
d.					
e.					
f.					
<p>Composite rating <input type="text"/></p> <p>Assessment is done on a scale-</p> <p>0 10</p> <p>1 2 3 4 5 6 7 8 9</p> <p>0 – Lowest 10 – Highest (Composite rating is an average of the total number of tasks)</p>	<p>NOTE: Criterion on which the employee would be assessed on each of the tasks:</p> <ol style="list-style-type: none"> 1. Performance of the tasks on timely basis 2. Professional manner of handling situations 3. Being innovative 4. Quality of Presentation 5. Team work 				

Others, if any :
.....

Under each of the activity, mark the figures on the scale.

eg: if an employee receive a rating of 6 on the scale against the criterion 3 (i.e., being innovative) on the TASK-3, s/he should be marked 6 in respect of TASK - 3. The average of all TASKS will be the composite rate.

3 If the composite rating is three or less or eight or more the Supervisor must justify:

4 Suggestions for training and skills development of the employee or other suggestions:

Date:

.....
Signature of Supervising Officer

PART III

(To be filled by the person being evaluated)

1. Comments on the evaluation (if any):

2. Employee's suggestions for improving the Department/Division/Office:

3. Specify contributions made by self during the year (if any) in addition to the assigned tasks

Date:

.....
Signature of Employee

PART IV

(To be filled by the Supervising Officer)

- 1. Comments on 1 of PART III:

- 2. Comments on 2 of PART III:

- 3. Comments on the attendance during the year:

Annual increment recommended/not recommended.

(If not recommended, give reasons)

Date:

.....
Signature of Supervising Officer

PART V

Recommendation of the Registrar Annual increment recommended/not recommended.

(If not recommended, give reasons)

Date:

.....
Signature

PART VI

Approval of Vice-Chancellor/Registrar (as appropriate)

Annual increment is approved/Not approved.

(If not approved, give reasons)

Date:

.....
Signature