

**PERFORMANCE EVALUATION FORM
(FOR NON-TEACHING STAFF)
SESSION- 20 20**

Part A: To be filled by the staff members

1. Name of the staff
2. Designation
3. Department
4. Date of Joining
5. Date of last promotion
6. Current salary
7. Qualifications
8. Qualification upgraded if any during the current session
9. Details of any staff development programme attended
10. Skill upgraded if any during the current session

Date

Place

Signature of the staff

Name:

Part B: To be filled by the Reporting Officer

(Laboratory in-charge or other officer nominated by Head of the Department)

1	Whether the staff member is regular in attendance	YES/NO
2	Does the staff sincere to his/her work	YES/NO
3	Is he/she courteous and helpful to students	YES/NO
4	Knowledge of staff member about his/her job	Good/Average/Poor
5	Does the staff member take initiative in the job assigned	YES/NO
6	Aptitude of the staff member in upgrading his/her knowledge in his/her domain area	Good/Average/Poor
7	Whether the staff member has taken +ive initiative to upgrade his/her qualification	YES/NO
8	Does he/she take keen interest in the repair and maintenance of the laboratory	YES/NO
9	Has he/she attended any staff development programme to enhance his/her skill	YES/NO
10	If yes, has he/she improved after training	YES/NO
11	Has he/she introduced any innovative idea at any time during the session	YES/NO
12	How is the staff member's inter-personal relationship with his/her	
	1. Superiors – Faculty members	Good/Average/poor
	2. Colleagues	Good/Average/poor

Any other contribution worthy of mentioning:

.....

.....

.....

.....

.....

.....

.....

.....

**Swami Keshvanand Institute of Technology, Management & Gramothan,
Jaipur**

Certified that I have personally verified all the information provided in Part A by Shri/Smt./Kumari/ and the remarks and the statements entered by me in Part B are true to the best of my knowledge and belief.

Signature of the Reporting
Officer

Date

Name

Place

Designation

Countersigned by the Head of Development Concerned

Date

Signature of the HOD

Place

Name