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| **PERFORMANCE APPRAISAL FORM**  **DRIVER (SLO Office) at STATE HQ**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | Name of Driver |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | Driving skills |  |  |  |  |
| 2 | Vehicle maintenance skills |  |  |  |  |
| 3 | Interpersonal competence |  |  |  |  |
| 4 | Punctuality |  |  |  |  |
| 5 | Attendance |  |  |  |  |

Comments from State Leprosy Officer:

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Comments from Joint Director ,Leprosy:

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| **PERFORMANCE APPRAISAL FORM**  **State Data Entry Operator NLEP ( SLO Office)**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | Name of Data Entry Operator |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did DEO take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | Collection & Compilation of Reports from Districts |  |  |  |  |
| 2 | Letter drafting and typing |  |  |  |  |
| 3 | Internet and email support to office |  |  |  |  |
| 4 | Preparation of power-point presentations and data sheets on excel |  |  |  |  |
| 5 | Attendance |  |  |  |  |

Comments from State Leprosy Officer:

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Comments from Joint Director, Leprosy:

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| **PERFORMANCE APPRAISAL FORM**  **Multi Tasker Staff (SLO Office)**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | Name of Multi Tasker Staff |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | Providing assistance to Office staff |  |  |  |  |
| 2 | Interpersonal competence |  |  |  |  |
| 3 | Punctuality |  |  |  |  |
| 4 | Attendance |  |  |  |  |

Comments from State Leprosy Officer:

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Comments from Joint Director ,Leprosy:

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| **PERFORMANCE APPRAISAL FORM**  **District Leprosy Consultant**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | District |  | | Name of  **District Leprosy Consultant** |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | Assisting District Leprosy Officer (DLO) in Planning and Implementation of NLEP Activities in the District |  |  |  |  |
| 2 | Ensuring that the Monthly Monthly progress report (MPR) received from all CHC/PHC and compiled at district leprosy cell. |  |  |  |  |
| 3 | Visiting CHC/PHC/ Sub centre and other Health Institutions to monitor and supervise the GHC Staff. |  |  |  |  |
| 4 | Ensuring implementation of the Deformity Prevention Medical Rehabilitation (DPMR) activities are implemented at District /CHC/ PHC level. |  |  |  |  |
| 5 | Attendance |  |  |  |  |

Comments from DLO :

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Comments from CMO :

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| **PERFORMANCE APPRAISAL FORM**  **District Physiotherapist**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | District |  | | Name of  **Physiotherapist** |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | Providing physiotherapy services in district hospitals to persons affected by leprosy |  |  |  |  |
| 2 | Examine the cases at risk of developing disability and monitor them by regular VMT &ST test. |  |  |  |  |
| 3 | Screening of disability cases and counsel eligible for Re Constructive Surgery. |  |  |  |  |
| 4 | Maintaining the Deformity Prevention Medical Rehabilitation (DPMR) related records. |  |  |  |  |
| 5 | Visit to CHC/PHC& Familiarize the Health Workers and Patients in Self Care Practices. |  |  |  |  |
| 6 | Attendance |  |  |  |  |

Comments from DLO :

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Comments from CMS of District Hospital :

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| **PERFORMANCE APPRAISAL FORM**  **District Para Medical Worker**   |  |  | | --- | --- | | **To be completed by the Assessee** | | | Name of District |  | | Name of  **Para Medical Worker** |  | | Joining Date |  | | Review Period |  | | Place of Posting |  | | Date of Completion of Contract: |  | | Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  | |
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| **ASSESSMENT OF WORK** | | | | | |
| **Sl.No**  **Activities** | | Score on a 1 to 10 scale (1-3 for poor, 4-6 for satisfactory, 7-9 for good and 10 for excellent. | | | |
| Poor  (1-3)Marks | Satisfactory  (4-6)Marks | Good  (7-9)Marks | Excellent  (10)Marks |
| 1 | **Supporting the Block PHC Medical Officer or the urban leprosy centre in carrying out all NLEP activities.** |  |  |  |  |
| 2 | **Maintaining master register and other records related to NLEP.** |  |  |  |  |
| 3 | **Ensuring the availability of MDT Drug at all level.** |  |  |  |  |
| 4 | Maintaining the Deformity Prevention Medical Rehabilitation (DPMR) related records. |  |  |  |  |
| 5 | Visit to homes of patirnts to familiarize with the Patients in Self Care Practices. |  |  |  |  |
| 6 | Attendance |  |  |  |  |

Comments from DLO :

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Comments from MOIC of CHC :

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