

Union Territory of Jammu & Kashmir J&K AIDS Control Society Department of Health & Medical Education

1st Floor, Secrat Complex, Sector-14, Nanak Nagae Jammu-180004 0191-2475427/ Public Health Building, Barzulla, Srinagar-190005

CIRCULAR

In pursuance to NACO's letter No. A-11011/05/2023-NACO (HR) Dated: 24th February 2023, it is hereby enjoined upon all the contractual employees of J&K AIDS Control Society posted in Headquarter/Peripheral Units in the UT of J&K and UT of Ladakh to submit their Annual Performance Report for the year 2022-23 duly endorsed by the Reporting Officer by or before 22nd February 2023, failing which their contract for the year 2022-23 will not be renewed further. They can download the format of APR's from our official website www.jksacs.org (copy enclosed).

Deputy Director

Dated: 17-02-2023

No: JKSACS/Adm/23/4329-39

Copy to the:-

- PS to Adminsitrative Secretary to Govt., Health & Medical Education, J&K, Jammu for Information.
- Medical Superintendents of GMC Baramulla/Anantnag/Rajouri/Doda/Kathua for information.
- All Medical Superintendents of District Hospitals/Police Hospital Gandhi Nagar for Information.
- HOD (Microbiology/Medicine/Gynecology/Psychiatry), GMC, Jammu/Srinagar/Anantnag/Kathua/Baramulla for information.
- HOD (Immunology/Medicine) SKIMS, Soura for information.
 HOD (BT&IH/Dermatology), SKIMS Medical College Bemina for
- information.

 7. HOD, Microbiology, ASCOMS, Jammu for information.
- 8. BMO, SDH Akhnoor/Uri for information.
- I/c Police Hospital, Zeewan, Srinagar for information.All concerned JKACS staff for compliance.
- 11. Office Record.

Performance Appraisal Form [Assessment Year 2022-23]

Name (capital letters)	:
Designation	:
Initial Date of Joining in NACP	1
Date of joining under current contract	
Validity of Current Contract	815

PART - A

SELF EVALUATION

 Please list your key deliverables for the year as specified in the annual work plan initiatives. Against each deliverable, mention your actual achievements (and constraints, if any).

Also, mention other deliverables that were assigned / taken

up during the course of the year.

 The below mention format is to be used, but as space would be inadequate, take as many sheets as required.

Key Deliverables	Achievements
	Key Deliverables

Additional Responsibilities & Other Areas of Contribution (Area which are not covered above)

Please mention constraints in your work during the review period, if any.

Signature	of	the	Appraisee:
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Date:

PERFORMANCE BASED ASSESSMENT PART - B

B.A - TO BE FILLED IN BY APPRAISER/IMMEDIATE SUPERIOR

I. PERFORMANCE SUMMARY AND TREND (Summarize your view on appraisee's accomplishments and comment on performance trend during the year of assessment)

II. STRENGTHS

(Describe appraisee's strengths and how they have contributed to the current assignments)

III. ACTION FOR PERFORMANCE ENHANCEMENT (Specify the areas which require improvement by the appraisee)

Rating point on performance by Immediate Superior (Maximum 10)

B.B - REVIEWER'S COMMENTS ON OVERALL PERFORMANCE & POTENTIAL.

Rating point on performance by Review	ver (Maximum 10) [B.B]:
Signature of Reporting Officer/Supervisor/ Immediate Superior	Signature of Reviewer
Superior	

PART - C KNOWLEDGE AND COMPETENCY BASED ASSESSMENT

, No.	Description	C,A (By Reporting Officer/ Supervisor)	C.B Reviewer
		(Each Attribute is to be marked; Max. Marks – 10 for each Attribute)	
1.	Quality of Deliverables		
2.	Application of Professional Knowledge		
3.	Timeliness of Deliverables		
4.	Initiatives taken		
5.	extra responsibility		
6.	Attitude towards goal set for assigned work		
7.	Interpersonal Relations & Team work. Co-operation with Supervisors & Colleagues, Peer support.		

8.	Communication Skills (Written & spoken)		
9.	Punctuality, discipline and contribution to other tasks (beyond Division's work).		
10.	Efforts undertaken to improve knowledge and its application towards accomplishment of work assigned (papers, presentations, conferences etc.)		
	Aggregate Marks (Max. 100)		
	Average of Marks (Aggregate Marks/10)	C.A=	C,B=

Signature of Reporting Officer/Supervisor/ Immediate Superior	Signature of Reviewer

Overall Grading:
