


CONFIDENTIAL - TO BE RETURNED TO PRINCIPAL OFFICE

**KARPAGA VINAYAGA INSTITUTE OF DENTAL SCIENCES
PERFORMANCE APPRAISAL**

Name	DR. M. ARUNACHARAN	Date of Joining	1/2/2016
ID NO.		Department:	Reader
Qualification	MDS	oral pathology	
EXP: (Yrs)		5 yrs 6 months and 5 days	

SL. NO	Parameters	Outstanding	Exceeds Expectation	Meets Expectation	Occasionally Meet	Fails to meet
	Points	5(A)	4(B)	3(C)	2(D)	1(E)
1	Job knowledge	Outstanding <input type="checkbox"/>	Very high <input checked="" type="checkbox"/>	High <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
2	Attitude towards works	Outstanding <input checked="" type="checkbox"/>	Very high <input type="checkbox"/>	High <input type="checkbox"/>	Neutral <input type="checkbox"/>	Negative <input type="checkbox"/>
3	Initiative	Outstanding <input type="checkbox"/>	Very high <input checked="" type="checkbox"/>	High <input type="checkbox"/>	Average <input type="checkbox"/>	Low <input type="checkbox"/>
4	Quality of work	Outstanding <input checked="" type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
5	Quantity of work	Outstanding <input checked="" type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
6	Care of entrusted materials	Outstanding <input type="checkbox"/>	Very careful <input checked="" type="checkbox"/>	Careful <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
7	Complaints of institutional policies	Outstanding <input checked="" type="checkbox"/>	Very careful <input type="checkbox"/>	Careful <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
8	Personality	Outstanding <input checked="" type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>


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 Palayanoor Post, Madhuranthagam Taluk,
 Chengalpattu District-603 308.

	behavior & discipline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Reliability	Outstanding	Very high	High	Average	Poor
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Publications & presentations	(3+2)	(2+2)	(2+1)	(1+1)	1
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Relationship	Outstanding	Very good	Good	Average	Poor
A	With staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	With students	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	With patients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Attendance working days(to be filled by HRD)	95 - 100%	90 - 95%	85 - 90%	80 - 85%	75 - 80%
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas requiring attention/training/improvement

Total rating score: 55/60 Grade: A
[60-51(A), 50-41(B), 40-31(C), 30-21(D), 20-11(E)] Note: D&E grade not to be considered for increment

Appraise awareness about Appraisal

I am aware of my ratings and comments in this appraisal.

Signature: [Signature]

Date:

[Signature]
Head of the Department

DEPARTMENT OF ORAL PATHOLOGY
KARPAGA VINAYAGA
INSTITUTE OF DENTAL SCIENCES

Name:

Date: Signature:

(Note: Support incidents/additional justification is called from appraiser in case of outstanding & poor. kindly mention the designation if there is any change of designation in the appraiser's final comment)

Approved/Under Consideration/Not Approved

AUTHORISED SIGNATORY

[Signature]
Dean
KARPAGA VINAYAGA INSTITUTE OF DENTAL SCIENCES
G.S.T. Road, Chinna Kolambakkam,
Palayanoor Post, Madhuranthagam Taluk,
Chengalpattu District-603 308.

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KARPAGA VINAYAGA INSTITUTE OF DENTAL SCIENCES			
PERFORMANCE APPRAISAL			
Name	Dr. DEEPAK		Date of Joining 26-11-2015
ID NO.		Department:	Designation SENIOR LECTURER.
Qualification	MDS	ORAL AND MAXILLOFACIAL	
EXP: (Yrs)	6 Yrs	SURGERY	

SL. NO	Parameters	Outstanding	Exceeds Expectation	Meets Expectation	Occasionally Meet	Fails to meet
	Points	5(A)	4(B)	3(C)	2(D)	1(E)
1	Job knowledge	Outstanding	Very high	High	Average	Poor
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Attitude towards works	Outstanding	Very high	High	Neutral	Negativ
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Initiative	Outstanding	Very high	High	Average	Low
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Quality of work	Outstanding	Very good	Good	Average	Poor
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Quantity of work	Outstanding	Very good	Good	Average	Poor
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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6	Care of entrusted materials	Outstanding	Very careful	Careful	Average	Poor
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Complaints of institutional policies	Outstanding	Very careful	Careful	Average	Poor
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Personality behavior & discipline	Outstanding	Very good	Good	Average	Poor
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Reliability	Outstanding	Very high	High	Average	Poor
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Publications & presentations	(3+2)	(2+2)	(2+1)	(1+1)	1
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		A With staffs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	With students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	With patients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Attendance working days (to be filled by HRD)	95 - 100%	90 - 95%	85 - 90%	80 - 85%	75 - 80%
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas requiring attention/training/improvement

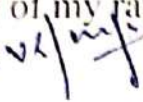
Total rating score: 52/60

Grade: A

[60-51(A), 50-41(B), 40-31(C), 30-21(D), 20-11(E)] | Note: D&E grade not to be considered for increment

Appraise awareness about Appraisal

I am aware of my ratings and comments in this appraisal.

Signature: 

Date:

Head of the Department

DEPARTMENT OF ORAL
AND MAXILLO FACIAL SURGERY
KARPAGA VINAYAGA
INSTITUTE OF DENTAL SCIENCES

Name:

Date:

Signature: 

(Note: Support incidents/additional justification is called from appraiser in case of outstanding & poor. kindly mention the designation if there is any change of designation in the appraiser's final comment)

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