



MTI-KHYBER TEACHING HOSPITAL

(Medical Teaching Institution)

HUMAN RESOURCE

Performance Evaluation Form NON Clinical



ISSUE #: 01

DOCUMENT #: HR-F-01

ISSUE DATE: 01-09-2021

TO BE FILLED BY EMPLOYEE

Employee Name: _____ Gender: M F

MR No. _____ D O J _____ Period of Assessment: Jan-2021 to Dec 2021

Designation: _____ Department: _____

TO BE FILLED BY SUPERVISOR

RATING CRITERIA

Rating Grade	Minimum Score	Maximum Score
Outstanding (O-S)	86	100
Exceeds Expectations (E-E)	71	85
Meets Expectations (M-E)	56	70
Improvement Needed (I-N)	41	55
Unacceptable (U-A)	0	40

TO BE FILLED BY SUPERVISOR

RATING CRITERIA

S. No.	Work Essentials(Please ✓ the appropriate box)	Score					Total Score
		5 (O-S)	4 (E-E)	3 (M-E)	2 (I-N)	1 (U-A)	
1	Adherence to Duties in Job Description.						
2	Appearance, Conduct & Discipline.						
3	Communication Skills. (verbal/written)						
4	Managing Change and Improvement.						
5	Work Efficiency & Quality.						
6	Planning, Decision Making & Problem Solving Ability.						
7	Performance under stress.						
8	Punctuality.						
9	Professional behavior.						
10	Relation with Colleagues & Visitors.						



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S. No.	Work Achievements (Please ✓ the appropriate box)	Score					Total Score
		5 (O-S)	4 (E-E)	3 (M-E)	2 (I-N)	1 (U-A)	
1	Meet Quality of Service & Minimum Work Standard.						
2	Communicate Supervisor on Completion of Tasks.						
3	Work on Time & Meet Deadlines.						
4	Team Work & Devotion to Duty.						
5	Performance under work load.						
6	Job Knowledge / Knowledge Sharing.						
7	Submit Progress Report on Regular Basis						
8	Discuss Work Plan & Compliance.						
9	Follow Supervisor Feedback for Objective Fulfillment.						
10	Work as per Quality Improvement SOPs.						
Total Score							
Grand Total							/100
Rating Grade (Please ✓ the appropriate box)		<input type="checkbox"/> O-S	<input type="checkbox"/> E-E	<input type="checkbox"/> M-E	<input type="checkbox"/> I-N	<input type="checkbox"/> U-A	

Justification Required in case of Out Standing & Very Poor Rating:



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RECOMMENDATIONS BY HOD/ MANAGER	
Description	Please ✓ the appropriate box
Contract Extension	<input type="checkbox"/> Fit for Contract Extension. <input type="checkbox"/> Not Fit for Contract Extension.
Promotion	<input type="checkbox"/> Fit For Accelerated Promotion. <input type="checkbox"/> Fit for Promotion on turn. <input type="checkbox"/> Not Fit for promotion yet. (Specify if Training Required for Improvement.
Trainings	<input type="checkbox"/> Technical <i>Please Specify</i> _____
	<input type="checkbox"/> Non-Technical <i>Please Specify</i> _____
Warnings	Number of Warnings Issued _____

Reporting Officer:

Name: _____ Designation: _____

Signature: _____ Remarks. (If any) _____

HEAD OF DEPARTMENT:

Name: _____ Designation: _____

Signature: _____

SENIOR REPORTING OFFICER (HD):

Name: _____ Designation: _____ **HOSPITAL DIRECTOR**

Signature: _____