PERFORMANCE APPRAISAL FORM (RCH/NHM) – 2015-2016
Medical Officer (Dialysis)

Employee Name :

Designation & Place of Posting :

Education Qualification :

Date of Joining :

Date of Appraisal :

Period of Appraisal :

**Self declaration**

<table>
<thead>
<tr>
<th>Self certification for Head Quarter stay</th>
<th>YES/ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self certification for Complaints / Case / Disciplinary Issues.</td>
<td>YES/ NO</td>
</tr>
<tr>
<td>Training Attended / Awards and Recognitions.</td>
<td>YES/ NO</td>
</tr>
</tbody>
</table>

**Section-A**

<table>
<thead>
<tr>
<th>KRAs</th>
<th>Description of KRAs</th>
<th>Measure of verification</th>
<th>Maximum Marks 50</th>
<th>Allotted Marks</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

**Institution Functioning**

- A. Organizing dialysis unit.
- B. Allocation of duties amongst staff.
- C. Coordination with referral institute.
- D. Coordination with other sections of hospital.
- E. Ensure adequate supply of logistics including drugs & consumables of dialysis.
- F. Contribution in other routine & emergency services of hospital.
- G. Average number of dialysis performed per month.