



PERFORMANCE APPRAISAL FORM

Name of Employee:		Designation:					
Department:		Reporting Manager :					
Salary Grade/Band:		Joining Date:					
Date of Appraisal		Review Period:					
Purpose of Appraisal	Confirmation/Quarterly/Annual	Type of Leaves	CL	SL	PL	Sanctioned W/P	Unsanctioned W/P
Age	Suitable/Non Suitable	Availed					
No of Days Asked to Report But Didn't reported		No of Work Days				Late Marks	

DISCIPLINARY LETTERS

Disciplinary Letters		Warning Letters		Deficiency Letters		Suspension Notice	
Medical Fitness	Suitable/Non Suitable		Addiction (if any)			Tobacco/Alcohol/Drugs/	

DOCUMENTATION AND COMPLIANCE

Deviation		OOS		Incident		CC		Job Card	
CAPA		Sample Complaint		Mkt Complaint		Vendor Complaint		Audit Observations	
Achievements (if any)						Refusal of Assigned Work			
PV		AMV		IMP		DMF		COPP	

SKILLS AND KNOWLEDGE ASSESSMENT

Computer Knowledge Improvement	Word	Excel	Pivot Tables	One Drive	Formulas	Emails
English Written Skills		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
English Spoken Skills		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Communication Skills		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Interdepartmental Teamwork		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Intradepartmental Teamwork		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Job Knowledge		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Pharma systems Improvement		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
QMS Knowledge Improvement		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Documentation Skills		No Improvement	Slight Improvement	Improvement	Management Satisfaction	
Systems Improvement		No Improvement	Slight Improvement	Improvement	Management Satisfaction	

Sincerity	Colleague		Work		Company	
Misconduct	Colleague		Work		Company	
Reliability	Suitable/Non Suitable	Logicial Thinking		Suitable/Non Suitable		
Grasping Power	Suitable/Non Suitable	Stress Management		Suitable/Non Suitable		
Crisis Management	Suitable/Non Suitable	Target Management		Suitable/Non Suitable		
Independent Working	Suitable/Non Suitable	Body Language/Confidence Level		Suitable/Non Suitable		
Problem Identification	Suitable/Non Suitable	Problem Solving		Suitable/Non Suitable		
Eagerness To Learn	Suitable/Non Suitable	Initiative Taken		Suitable/Non Suitable		
Ambition						
Growth Within Dept. Target			Growth Within Company Target			
Self Target-Next Qtr/Year						
Potential to work on the Position						
Current CTC			Excepted CTC			
FEEDBACK						
PAD Manager						
Department - HOD						
General Manager						
Managing Director						
DECISION AND RECOMENDATIONS (Selected/Rejected)						
Department - HOD		PAD Manager		General Manager		Managing Director
Remarks						
Sign						
Date						