



**GOVERNMENT OF THE PUNJAB
SPECIALIZED HEALTHCARE AND MEDICAL EDUCATION DEPARTMENT
PERFORMANCE EVALUATION REPORT**

Last one Year Period Served as PG Trainee: From _____ To _____

PART-I

Name (in block letters) with Father's Name: _____	
Subject/Specialty _____	Program/Course (MD/MS/FCPS/MDS): _____
Date of Joining at institution: _____	Year of Induction: _____
CNIC: _____	Extension period Required _____ to _____
Recommended Extension Year(e.g 1 st /2 nd /3 rd ,4 th ,5 th): _____ PM&DC _____	
Signature of PGR Concerned: _____ Mobile No. _____	

PART-II

(to be filled by Reporting Officer)

INTEGRITY

Honest

Reported to be corrupt

Believed to be corrupt

OVERALL GRADING

Comparing him / her with other employee of the same level and keeping in view the evaluation on account of personal qualities attitudes. Proficiency in job, integrity, efficiency, punctuality, etc. give you general assessment of the employee by initiating the appropriate box below.

Very Good

Good

Average

Below Average

Poor

USEFULNESS FOR RETENTION / EXTENSION SERVICES

Useful

Not Useful

Name of Head of Department: _____ Sign with Stamp _____
Capital Letters

Designation: _____ Date: _____

PART-III

(to be filled by Countersigning Officer)

Remarks of the VC/Principal/Executive Director: _____

Name of the VC/Principal/Executive Director: _____ Sign with Stamp _____
Capital Letters

Designation: _____ Date: _____