



POKHARA UNIVERSITY
FACULTY OF HEALTH SCIENCES
SCHOOL OF HEALTH AND ALLIED SCIENCES
PERFORMANCE APPRAISAL FORM FOR THE
FACULTY/STAFF

Name of the Faculty/Staff: Designation: Date of Appointment: Type of Appointment: Semester/Year of Appraisal: Contact No.: Date of Submission:
--

1. MAJOR JOB DESCRIPTION OF THE POSITION

<ul style="list-style-type: none">•

2. ACTIVITIES (JD) PERFORMED DURING APPRAISAL PERIOD

<ul style="list-style-type: none">•

3. OTHER MAJOR ACTIVITIES/TASK (Other than tasks of JD) PERFORMED BY THE FACULTY/STAFF

•

Signature:-

Name of the Faculty/Staff: -

Date: -

4. EVALUATION AND RECOMMENDATION BY THE PROGRAM COORDINATOR (for faculty and lab. Staff) / ADMINISTRATION HEAD (for staff)

Signature:-

Name:

Designation:

Date: -

**5. VERIFICATION AND RECOMMENDATION BY THE STUDENT
COUNSELING, FEEDBACK/MONITORING and PLACEMENT COMMITTEE**

Signature:-

Date:-

Name:

**6. GRADING PROVIDED BY STUDENT COUNSELING, FEEDBACK/MONITORING
and PLACEMENT COMMITTEE WITH JUSTIFICATION**

Particulars	Grade	Justification/Comments
A – Outstanding B – Very Good C – Good D – Satisfactory E – Unsatisfactory		

Name/s

Signature:-

Date:-

**7. GRADING PROVIDED BY SCHOOL MANAGEMENT and DEVELOPMENT
COMMITTEE/DEAN/DIRECTOR WITH JUSTIFICATION**

Particulars	Grade	Justification/Comments
A – Outstanding B – Very Good C – Good D – Satisfactory E – Unsatisfactory		

Name/s

Signature:-

Date:-