



# THAPAR UNIVERSITY, PATIALA

## QUARTERLY APPRAISAL REPORT OF THE **STAFF ON PROBATION**

**PLEASE TICK tick  THE APPROPRIATE QUARTER**

In order to maintain uniformity, the calendar year has been divided into four fixed quarters. Suppose anybody joins in the mid of quarter i.e. 1<sup>st</sup> January, 2005 to 31<sup>st</sup> March 2005 (say 15<sup>th</sup> February), his QAR will have to be sent by the HOD for the remaining period of the FIRST quarter (i.e. 15<sup>th</sup> February to 31<sup>st</sup> March). Thereafter his QARs will have to be sent in the normal stream (i.e. for the next full quarter – 1<sup>st</sup> April, 2005 to 30<sup>th</sup> June, 2005 and so on).

Please tick <input checked="" type="checkbox"/> the appropriate quarter	<b>Period</b>	
	<b>From</b>	<b>To</b>
FIRST	1 <sup>st</sup> January 20	31 <sup>st</sup> March 20
SECOND	1 <sup>st</sup> April 20	30 <sup>th</sup> June 20
THIRD	1 <sup>st</sup> July 20	30 <sup>th</sup> September 20
FOURTH	1 <sup>st</sup> October 20	31 <sup>st</sup> December 20

<b>NAME / DESIGNATION / DEPARTMENT</b>	<b>DATE OF JOINING</b>
NAME _____	
DESIGNATION _____	<b>DATE OF SENDING LAST QAR</b>
DEPARTMENT _____	Date on which sent _____
	Quarter for which sent _____

### ATTRIBUTES REGARDING WORK & CONDUCT

	OUTSTANDING	VERY GOOD	GOOD	SATISFACTORY	POOR
Initiative					
Drive					
Receptivity					
Promptness in execution of work					
Quality of Work					
Skill Level for the Post					
Knowledge of the Area					
Temperament					
Discipline					
Loyalty & Dedication					

Was there any occasion to find any serious faulty with his/her work. conduct?	Yes/No
Has he/she done any original, outstanding work or shown any special ability or aptitude	
Has any defect been brought to his/her notice in the past and to what extend he/she has shown improvement	
Additional General Remarks.	

### OVERALL GRADING (Please tick appropriate box)

OUTSTANDING	VERY GOOD	GOOD	SATISFACTORY	POOR
<b>REPORTING OFFICER</b>		<b>REVIEWING OFFICER</b>		
(SIGNATURE)		<input type="checkbox"/> I agree with the Reporting officer <input type="checkbox"/> I don't agree with the Reporting Officer (Remarks, if any)		
NAME _____		(SIGNATURE)		
DESIGNATION _____		DESIGNATION REGISTRAR Dated : _____		
DEPARTMENT _____				
DATED _____				