**PERFORMANCE REVIEW FORM** Dated: \_29\_\_/\_09\_\_/\_\_\_2021\_\_ DOJ \_\_\_/\_\_\_/\_\_\_\_\_

Department: \_\_\_IOS\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment Period** (Please tick appropriate)**:** Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(A)** \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name: \_\_\_\_Rattan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Rating Scale: 0-3-Not Satisfactory, 4-5-Average, 6-7-Good, 8-9- Very Good, 10-Excellent)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SR.**  **NO.** | **PERFORMANCE TRAITS** | **MAX**  **POINT** | **OBTAINED POINTS** | | | **COMMENTS BY**  **TEAM MANAGER** |
| **SELF** | **TEAM**  **MANAGER** | **PROJECT**  **MANAGER** |
| **1** | **Job Requirements and Traits** |  |  |  |  |  |
| a) | Knowledge of his/her sphere of work, procedure and their applications leading to end results. | 10 |  | 8 |  |  |
| b) | Knowledge of working procedures within and / or between departments. | 10 |  | 8 |  |  |
| c) | Ability to learn, understand, compliance of instructions, grasp of new ideas and pragmatic methods. | 10 |  | 8 |  |  |
| **2** | **Development Activities** |  |  |  |  |  |
| a) | Review effectiveness | 10 |  | 8 |  |  |
| b) | Coding | 10 |  | 8 |  |  |
| c) | Analysis, Design | 10 |  | 9 |  |  |
| d) | Estimation | 10 |  | 9 |  |  |
| e) | Post production bugs | 10 |  | 8 |  |  |
| f) | Unit Testing / Quality of code delivered to QA | 10 |  |  |  |  |
| **3** | **Process Adherence** |  |  |  |  |  |
| a) | Organizational processes adherence | 10 |  | 8 |  |  |
| b) | Compliance to processes specific to project like source control check-ins etc | 10 |  | 8 |  |  |
| **4** | **Productivity** |  |  |  |  |  |
| a) | QUALITY OF WORK - Consider his/her regularity in getting accurate neat results with a minimum of work. | 10 |  | 9 |  |  |
| b) | QUANTITY OF WORK - How does his / her volume compare with what he/she is expecting to accomplish. | 10 |  | 9 |  |  |
| c) | Result generated in terms of Cost, Quality and Time. | 10 |  | 8 |  |  |
| **5** | **Time Management** |  |  |  |  |  |
| a) | ATTENDANCE & PUNCTUALITY - Frequency of leave and sense of punctuality. | 10 |  | 9 |  |  |
| b) | USE OF WORKING TIME -Tendency to use working time in the right manner. | 10 |  | 9 |  |  |
| c) | Efficiency in record management, documentations and follow up action. | 10 |  | 8 |  |  |
| **6** | **Inter-Personnel and Communication Skills** |  |  |  |  |  |
| a) | ABLITY TO WORK WITH OTHERS - Co-operation and ability to get along with peers, subordinates and superiors. | 10 |  | 8 |  |  |
| b) | Co-operative and friendly approach in terms of working culture. | 10 |  | 8 |  |  |
| c) | Positive approach to work, people and organisation. | 10 |  | 8 |  |  |
| d) | Value addition apart from project work - Imparting training | 10 |  | 8 |  |  |
| **7** | **Self Development** |  |  |  |  |  |
| a) | INITATIVE & DEPENDABILITY - Ability to go ahead without supervision, compliance with instructions and to what extent he/she can be relied upon to do the right things constructively. | 10 |  | 8 |  |  |
| b) | CONDUCT ON THE JOB - Effect on other including discipline, behavior, aggressiveness and manner of speech. | 10 |  | 8 |  |  |
| c) | Dress – observance of dress code & ensures presentable turnout at all time | 10 |  | 8 |  |  |

**(To be filled by Team Lead)**

1) Project/ Assignments Undertaken

2) Special Achievement during the review period– Please Specify:

3) Training Programs attended during the review period.

**(To be filled by Appraisee)**

1) Performance Areas that need improvement – Please Specify.

2) Areas in which training is required/ needed

3) Any other comments/suggestions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SIGNATURE APPRAISEE)**

**(To be filled by Team Lead)**

**Current Salary** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Recommended Salary** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9000 to 11000

Comments / Recommendations

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**OVERALL RATING: \_\_\_\_\_\_\_\_\_6\_\_\_\_\_\_\_\_ (Signature Team Lead)** varun garg

**(To be filled by Project Manager)**

Comments / Recommendations:

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**OVERALL RATING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Project Manager)**

**(For Use by Dept. of Human Resources)**

Final Recommendation:

**Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Human Resource) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Review / Approval by V.P/Director**