

**SEEMA DENTAL COLLEGE & HOSPITAL**  
VIRBHADRA ROAD, RISHIKESH-249203

Date\_\_\_\_\_

To,

HOD / In-charge

Dept. of \_\_\_\_\_

**Seema Dental College & Hospital**

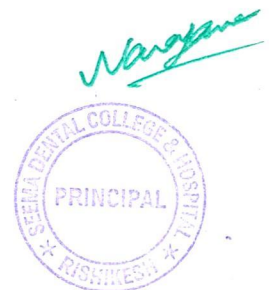
**Rishikesh**

As per the earlier protocol, the undersigned requests you to fill-in the Annual Assessment Form for the non-teaching staff posted in your department on the attached assessment sheet.

The motive of progress review is to give an opportunity to employees to improve themselves so that they can perform their duties in a better way.

You are also requested to maintain the desired confidentiality and send in the filled-in CR's by\_\_\_\_\_ **in a sealed envelope.**

Aniruddh G.P.Singh  
Director



# SEEMA DENTAL COLLEGE & HOSPITAL

Virbhadrta Road, Rishikesh-249203

## NON TEACHING STAFF-ANNUAL ASSESSMENT FORM

Period \_\_\_\_\_ to \_\_\_\_\_

E. Code: \_\_\_\_\_ Employee Name: \_\_\_\_\_

(Grading Category) 1. Bad, 2. Satisfactory, 3. Good, 4. Very Good, 5. Excellent

S.No	Particulars	Grading Category
1	Punctuality	
2	Behaviour	
3	Cleanliness & Hygiene	
4	Effective following of Instructions & Duty Description (As specified by HOD/In-charge)	
5	Initiative	

Comments / Recommendations



\_\_\_\_\_  
Name of the Assessing Faculty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date