

ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY AWANTIPORA, KASHMIR [JUST]

Annual Performance Assessment Report Form

For

Assistant Librarian

Name of the employee	:					
Department	:					
Designation	:					
Report for the year/ period ending fromtoto						
Period of authorized absence from duty (leaves etc.) during the year						
		Signature of the employee				
		Name :				
		Designation				
		Department:				

Part I- SELF APPRAISAL

(To be filled in by the officer reported upon)

1.	Brief description of duties (including library resource procurement, library resource organization and maintenance of books, journals and reports, library user seadministrative assignment etc.)	

	Detailed Activities						
3.	Details of published/ research papers in referred journals, books, monographs, review chapter in books, translations & creative writing etc. if any during period under review Also give details about participation in Conferences, Seminars, Workshops, refresher orientation courses attended:						
	i) Research papers/ Books / Monographs/ Reviews/ Translations/ Creative Writing (if any)						
	ii) Participation in Conferences/ Seminars/ Workshops/ Refresher or Orientation Courses :						
	iii) Membership of associations International/National/State iv) Additional qualifications acquired if any:						
iow.	I certify that the information's given above are correct and factual to the best of my ledge.						
	Signature						

Part - II - NUMERICAL ASSESSMENT OF THE REPORTING OFFICER

(Period of assessment should be more than six months)

1. Whether you agree with the self-assessment described by the employee at Part I:

Yes

	1-10, where 1 refers to the lowest gra	de and 10 is the highest grade.	
S. No	Attribute	es Gradin	
1.	Communication skills		
2.	Regularity and Punctuality		
3.	Interpersonal relations and Trustwo	rthiness	
4.	Conduct		
5.	Initiative		
6.	Decision making ability		
7.	Supervisory ability		
8.	Analytical ability		
9.	Ability to manage the library and maintain discipline among the		
	students		
10.	Overall numerical grading		
eneral	remarks, if any:		
	9	Signature of the Reporting Officer	
	1	Name in Block Letters:	

Part III - REMARKS OF THE REVIEWING OFFICER					
Do you agree with the assessment of the Reportin	g Officer?				
In case of disagreement, please specify the reasons. Is anything you wish to modify or					
	Signature of the Reviewing Officer:				
	Name in block letters:				
Date	Designation:				
PART – IV - (To be filled in by	the Accepting Authority)				
Declaration of the accepting Authority					
Dated	Signature of the Accepting Authority				