



MEDICAL TEACHING INSTITUTION MMC Mardan



PERFORMANCE REVIEW AUXILIARY & TECHNICAL STAFF

Form No: _____

ISSUE DATE: _____

APPRAISAL PERIOD: Jan 2025 – Dec 2025

SUBMISSION DATE: _____

Personal No:		Employee Name:	
Designation:		Department:	
Employment Type: (Civil/MTI)		Current Place of Duty:	

Excellent (05 Points), Good (04 Points), Average (03 Points), Needs Improvement (02 Points), Poor (01 Point).

<i>Evaluation Factors</i>		Evaluation score				
		Supervisor Evaluation.				
<i>Core Job Performance</i>	1. Execute all assigned duties in daily roster.	1	2	3	4	5
	2. Produces accurate, thorough, and high-quality work.	1	2	3	4	5
	3. Maintains assigned areas to a high standard of cleanliness, disposed of waste correctly	1	2	3	4	5
	4. Maintain a clean and hygienic work environment.	1	2	3	4	5
	5. Works effectively and respectfully in team and with others.	1	2	3	4	5
	6. Ability to work independently with minimal supervision and seeks out new tasks without being asked.	1	2	3	4	5
	7. Adaptability under pressure and during emergencies	1	2	3	4	5
	8. Willingness to accept feedback and improve performance.	1	2	3	4	5
	9. Reports on duty timely, avoid unnecessary absenteeism	1	2	3	4	5
	10. Listens actively and communicates clearly and effectively	1	2	3	4	5
<i>Work Behavior</i>	11. Attitude & Behavior with colleagues	1	2	3	4	5
	12. Attitude & Behavior with subordinate	1	2	3	4	5
	13. Attitude & Behavior with supervisors	1	2	3	4	5
	14. Respectful interaction with patients and visitors	1	2	3	4	5
<i>Policy Adherence & Compliance:</i>	15. Compliance to Special Duty	1	2	3	4	5
	16. Follow institutional safety protocols & Departmental SOPs	1	2	3	4	5
	17. Responsible use of hospital property and resources.	1	2	3	4	5
	18. Follows all institutional rules and regulations.	1	2	3	4	5
	19. Wears the prescribed uniform clean, tidy, and with ID card at all times.	1	2	3	4	5
	20. Performs all tasks as outlined in the job description and as assigned by management.	1	2	3	4	5

Total Score (Out of 100) _____

Any addition degree/diploma/certificate attained by employee	
Degree/Diploma/Certification Title	Status (E.g., Completed, In Progress)

Areas for Development & Improvement if any: <input type="checkbox"/> Yes , <input type="checkbox"/> No	
Training Area	Reason for Training (Choose based on discussion)

Disciplinary actions recorded during the tenure, if any, mention no. of explanation, show cause or any other critical incident in which the employee may involve:

Any Comments/Remarks/Suggestion (Supervisor):

Supervisor Name: _____ *Designation:* _____

Supervisor/HOD Evaluator Sign: _____

HR Department Comments/Remarks/Suggestion:

HR DEPARTMENT

COMPETENT AUTHORITY

EVALUATION RATING			
Outstanding 81-100	Satisfactory 61-80	Need Improvement 41-60	Not acceptable Below 40