

Performance Review FORM

Name of Doctor: Specialist type:

Designation: eHRMS Code:

Date of Joining: DOB: Pan Card no:

District: Facility name:

Name of the Supervisor:

Instructions for Extension:

After completing one year of contractual service successfully, kindly fill the doctors/ specialist performance review report month wise start from his/her date of joining for his/her contract extension. Points are mention below. Fill as applicable. (Value should be in numbers to identify the monthly caseload done by doctor):

Month	Attendance	Leave record	OPD	IPD	Anesthesia given	Surgery	Surgery (C-Section)	No of Deliveries	Surgery (Hystrectomy)	Ligation	MTP	IUCD	Orthopaedic / Plaster	Ultrasound	X-ray	CT Scan (if available)	Pathological Test	Any VIP duties, medico-legal, jail duties, post martum etc.,
January																		
February																		
March																		
April																		
May																		
June																		
July																		
August																		
September																		
October																		
November																		
December																		

Recommendation by CMO/CMS:

I Hereby say that Dr who was posted in has worked as EMO/Specialist/Medical Officer from date to His/ Her conduct was good/ok/bad. He/ She is being strongly recommended/ not recommended for one year extension.

Verified by CMO/ CMS

Kindly enclosed photocopy of 1st charge certificate (Joining certificate) with this performance report.