For the period\_\_\_\_\_ to \_\_\_

Part-I

1. 2. 3.

6. 7.

## **CONFIDENTIAL**



## University of Home Economics Lahore \_\_\_\_\_DEPARTMENT/OFFICE QUARTERLY PERFORMANCE EVALUATION REPORT

| Name (in block letters) with Father's Name  |   |                              |             |                   |  |
|---|---|------------------------------|-------------|-------------------|--|
| Date of Birth.  |   |                              |             |                   |  |
| Current Designation with BPS.   |   |                              |             |                   |  |
| a)  | Currently Serving as                      |                              |             |                   |  |
| b)  | b) Currently Serving in the Department of |                              |             |                   |  |
| Academic/Professional Qualifications  |   |                              |             |                   |  |
| Period served   |   |                              |             |                   |  |
| c)  | in the pr                                 | in the present post          |             |                   |  |
| d)  | -   | under HoD/ Reporting Officer |             |                   |  |
|   | r   |                              |             |                   |  |
| Dowt II   |   |                              |             |                   |  |
| Part-II I INTEGRITY   |   |                              |             |                   |  |
| Honest  |   | Repor                        | ted to      | Believed to       |  |
|   |   | be Co                        | rrupt       | be Corrupt        |  |
|   |   |                              |             |                   |  |
|   |   |                              |             |                   |  |
| Comparing him/her with other Employees of the same level and keeping in view the evaluation on account of personal qualities, attitudes, proficiency in job, integrity, efficiency, punctuality etc., give your general assessment of the Employee by initialing the appropriate box below. |   |                              |             |                   |  |
| (i)<br>(ii)   | Good                                      |                              |             |                   |  |
| (iii)   | Average<br>Poor                           |                              |             |                   |  |
| III RECOMMENDATION FOR RETENTION/EXTENSION IN SERVICE   |   |                              |             |                   |  |
|   |   | Recommended                  | Not Recommo | ended             |  |
| IV [  |   | Useful                       | Not Useful  |                   |  |
|   |   |                              |             |                   |  |
| Name o  | s if any: f the HoD/Reation               | eporting Officer             |             | (Capital letters) |  |
|   |   |                              | Signature_  | <del></del>       |  |
|   |   |                              | <u> </u>    |                   |  |