



## ANNUAL PERFORMANCE APPRAISAL (for District Coordinator) (April 2016 to March 2017)

<b>Name</b>	
<b>Designation</b>	
<b>Date of joining</b>	
<b>District</b>	

### A. Employee Self Assessment (To be filled by Employee)

Assessment of work output						
Sl. No.	Key Indicators	Status				Remarks
1	District Annual Implementation Plan (AIP)	Yes/No	Prepared	Uploaded on IMIS	Implementation (Upto what level) in %	
2	District Information Education and Communication (IEC) Plan, initiated done & if any	1. 2. 3. 4.				
3	District Capacity Building (CB) Plan	1. 2. 3. 4.				
4	Utilization Certificate (UC)	Quarterly (Submission date)	Half Yearly (Submission date)	Yearly (Submission date)	Average Submission date	
5	Monthly Performance and Progress Report (MPPR)	No. Of Months MPPR submit since Dec 2016	Prepared	Submitted	Online	Remarks
6	Verification of ODF at Village level	# of village declared ODF		# of ODF village verified		

Assessment of Human Resource and Capacity Building							
7	Toilet Technology (As per prescribed norms) against total no. of construction	Mason training, If Yes (Provide Details)	CB Plan and Execution, If Yes, Provide Details	CLTS- Plan and Execution, If Yes, Provide Details	Motivators-training and engagement Plan, If Yes, Provide Details		
Assessment of IMIS and Documentation							
8	Documentation of records at District Level	# of Best Practices captured	Record Maintenance of head wise expenditure Y/N	Record Maintenance of IEC related activities undertaken Y/N	Record Maintenance of Capacity Building undertaken Y/N	Beneficiary record with Baseline Survey, approved ODEP and Application Y/N	Beneficiary payment record Y/N
9	IMIS Data Entry done (against Actual Progress)	# of toilets constructed/HH (Actual)			# of entries made against actual construction (% entry done at IMIS)		
		a. IHHL- b. Geo-Tagging- c. Verification- d. IEC Expenditure-			a. IHHL- b. Geo-Tagging- c. Verification- d. IEC Expenditure-		

**Employee Self-Assessment: Accomplishments & Strengths**

**Improvements Needed**

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_



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### B. Employee Appraisal

(To be filled by the Reporting Officer: Deputy Development Commissioner-cum-Vice Chairman, DWSC)

Comments if any:

Signature of Deputy Development Commissioner-cum-Vice Chairman, DWSC: \_\_\_\_\_

Date: \_\_\_\_\_



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### C. Employee Assessment and Review by District Magistrate-cum-Chairman, DWSC.

Please Tick

Outstanding  
Very Good  
Good  
Improvement Needed  
Unsatisfactory

  
  
  
  

Comments if any:

Signature of District Magistrate-cum-Chairman, DWSC: \_\_\_\_\_ Date: \_\_\_\_\_



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### D. Acceptance

#### Overall Grading by Mission Director (LSBA)

Signature of Mission Director (LSBA) Signature: \_\_\_\_\_

Date: \_\_\_\_\_