



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

Name	
Designation	
Date of joining	
District	

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

Assessment of work output							
Sl. No.	Key Indicators	Status					Remarks
		Prepared Yes/No		Implementation (Upto what level) (in %)			
1	Block Annual Implementation Plan (AIP)						
2	Open Defecation Elimination Planning (ODEP) for intervention Panchayat						
3	Monthly Performance and Progress Report (MPPR)						
Assessment of Human Resource and Capacity Building							
		Masons		Community Led Total Sanitation (CLTS)			Remarks
	Capacity Building (CB)- Mason Training & CLTS	# Of Mason Trainings Conducted	# Of Masons trained	# Of CLTS Training Conducted	# Of CLTS persons trained	# Of Actual Triggering Process Conducted	
5							
	Motivator	# of Motivators Engaged	# of Motivators Trained	# of Motivators Placed			
6							
	Block Information Education and Communication (IEC) Activity done/initiated so far, if any	Give details					
7		1. 2. 3.					
Assessment of IMIS and Documentation							
	IMIS Data Entry done (against Actual Progress)	# of toilets constructed/HH			# of entries made against actual construction		
8							
	Payment through LSBA Site	# of actual construction			# of advise generated		
9							

10	Toilet Technology (As per prescribed norms) against total no. of construction		% of Twin pit	% of septic tank	Others		
11	Documentat ion of records at Block Level	# of Best Practices captured	Record Maintenance of head wise expenditure Y/N	Record Maintenance of IEC related activities undertaken Y/N	Beneficiary details with Base Line Survey, Approved ODEP and Application	Beneficiary Payment details	Geo tagging of toilets

Employee Self-Assessment: Accomplishments & Strengths

Improvements Needed

Signature of Employee: _____ Date: _____



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B. Employee Appraisal

(To be filled by Reporting Officer: District Coordinator)

Comments if any:

Signature of District Coordinator: _____

Date: _____



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C. Employee Assessment and Review by Deputy Development Commissioner-cum-Vice Chairman, DWSC.

Please Tick

Outstanding
Very Good
Good
Improvement Needed
Unsatisfactory

Comments if any:

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

Date: _____



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D. Acceptance

District Magistrate-cum-Chairman, DWSC

Comments & Overall Grading:

Signature of District Magistrate-cum-Chairman, DWSC: _____

Date: _____