



**GOVERNMENT OF THE PUNJAB  
EDUCATION DEPARTMENT**

For All Categories  
Of Contract  
Employees

**PERFORMANCE EVALUATION REPORT**

For the Period: \_\_\_\_\_ to \_\_\_\_\_

**PART - I**

|  |  |                              |  |
|--|--|------------------------------|--|
| Name:  |  | Father's Name:               |  |
| Date of Birth:   |  | Domicile:                    |  |
| BS with Present Pay:   |  | Post Held During the Period: |  |
| Academic Qualification:                                      |  | Professional Qualification:  |  |
| Period Served:   |  |                              |  |
| (a) In Present Post:   |  | (b) Under Reporting Officer: |  |
| Signatures of the Official Reported Upon: _____ Dated: _____ |  |                              |  |

**I - RESULTS**

| Class | Subject | Total Enrollment of the class | No. of Students Appeared | Result % | BISE / PEC % |
|-------|---------|-------------------------------|--------------------------|----------|--------------|
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |
|       |         |                               |                          |          |              |

**II - INTEGRITY**

|                                |  |  |
|--------------------------------|--|--|
| Honest<br><input type="text"/> | Reported to be Corrupt<br><input type="text"/> | Believed to be Corrupt<br><input type="text"/> |
|--------------------------------|--|--|

**III - OVERALL GRADING**

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:

|                  |                      |         |                      |            |                      |
|------------------|----------------------|---------|----------------------|------------|----------------------|
| 1. Very Good     | <input type="text"/> | 2. Good | <input type="text"/> | 3. Average | <input type="text"/> |
| 4. Below Average | <input type="text"/> | 5. Poor | <input type="text"/> |            |                      |

**IV - USEFULNESS FOR RETENTION IN SERVICE**

|  |   |        |            |                      |                      |
|--|---|--------|------------|----------------------|----------------------|
|  | <table border="1"> <tr> <td>USEFUL</td> <td>NOT USEFUL</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | USEFUL | NOT USEFUL | <input type="text"/> | <input type="text"/> |
| USEFUL                                     | NOT USEFUL  |        |            |                      |                      |
| <input type="text"/>                       | <input type="text"/>  |        |            |                      |                      |
| Name of the Reporting Officer: _____       | Signatures: _____   |        |            |                      |                      |
| Designation: _____                         | Dated: _____  |        |            |                      |                      |
|  |   |        |            |                      |                      |
| Name of the Counter Signing Officer: _____ | Signatures: _____   |        |            |                      |                      |
| Designation: _____                         | Dated: _____  |        |            |                      |                      |
|  |   |        |            |                      |                      |
| Name of the Counter Signing Officer: _____ | Signatures: _____   |        |            |                      |                      |
| Designation: _____                         | Dated: _____  |        |            |                      |                      |