To

The Secretary,
Bhojia Dental College & Hospital,
Bhud, Teh. Baddi,
District- Solan (H.P.)

(THROUGH PROPER CHANNEL)

Sub: Extension of Contractual Appointment.

Respected Sir,

I,……S/o, D/o/W/o, Sh. /Smt. ……..presently working as ……..in the Department of …….. submit that the ensuing period of my employment in this Institution is up-to…….. I am interested to serve the institution and the period of my contract may kindly be further extended for one year / six months.

Thanking you,

Yours sincerely,

Date:-……

Signature……
Name……
Designation…….

Counter Signature of the
Principal, BDC & H.

BHOJIA DENTAL COLLEGE & HOSPITAL, BHUD

(Self Appraisal Performa)

(To be filled in by the Faculty concerned)

i. Name ……S/o, D/o, W/o ……

ii. Department……..Date of joining…….

iii. Qualification (Basic) ……..

iv. Technical/ Professional ……

v. Present Residential Address……

vi. Permanent Residential Address…….
……. Mob. No. ……

vii. Duration of present appointment From …… To ……

a) Details of duties Performed during the Assessment year:

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b) Strong points/achievements highlighted during the said period:

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c) Weakness/bottlenecks:

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d) Publications:

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e) Any other point needing attention of the management to improve upon work performance of the employee:

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……..

Signature of the Faculty

Comments of Principal

BHOJIA DENTAL COLLEGE & HOSPITAL, BHUD
(WORK AND CONDUCT PROFORMA)

i) Name of the Faculty member…….....S/o, D/o, W/o ……

ii) Department……..Date of joining…….

iii) Designation …….

(To be completed by the Principal)

a) Ability ……

b) Technical Knowledge …….

c) Work Efficiency …….

d) Work Progress ……

e) Intention to undertake the work ……..

f) Honesty / Integrity …….

g) Behavior with seniors ……

h) Colleagues / Patients …….

i) Punctuality ……

j) Discipline ……

k) Publications during the year under review ……

l) Do you recommend for annual increment …….

m) Any other comment not covered above …….

Brief reason (s) for non recommendation, if any …….

Signature……
(Principal)

Forwarded to the Secretary along with the work and conduct report on the Performa prescribed. Based on the above reports of the applicant, Release of increment is recommended / not-recommended for specific period of one year / …….months.

Signature……
Principal

Date:-……

*** Strike out which is not applicable.**