MEMORANDUM

In pursuance of the decision communicated through letter F. No. 16-3/2012/NVBDCP (GFATM) / Monitoring formats dated 23rd January, 2014 of the Directorate of NVBDCP, Ministry of Health & Family Welfare, Govt. of India, Delhi, the following procedures are hereby adopted by the State Government for annual renewal of all contractual positions appointed under Intensified Malaria Control Project – II with effect from 1st January, 2014.

2. All the contractual manpower deployed at state / district and sub-district level and other concerned officials under the said project shall submit annual assessment report in the assessment format consisting of (a) Generic section, (b) Self assessment section, (c) Assessment by Reporting Officer, (d) Assessment by Reviewing Officer and (e) Recommendation of Screening Committee. The assessment format with the guidelines are given in annexe A.

3. The “Screening Committee for recommendation for renewal of contractual positions as and when required shall consist of the following members:-

01. Director of Health Services, Government of Tripura, Agartala. - Chairman
02. Representative of the Dte. of NVBDCP, Delhi. - Member
03. Regional Director, ROHFW, Govt. of India, Kolkata. - Member
04. State Programme Officer (NVBDCP), Tripura, Agartala. - Member

Enclosure. - Annexure A.

By order of the Governor,

(Smt. Bina Basfore)
Deputy Secretary.

Copy to

1. Dr. Awdesh Kumar, Additional Director, NVBDCSOP, Govt. of India, 22 Shambhunath Marg, Delhi - 110054 for kind information with reference to his above mentioned letter.
2. The Director of Health Services, Government of Tripura, Agartala, for kind information & necessary action.
3. The Sr. Regional Director, ROHFW, 27-J.C. Block, Salt Lake, Sector III, Kolkata - 700098 for kind information & necessary action.
4. The Director of Family Welfare & Preventive Medicine, Government of Tripura, Agartala, for kind information & necessary action.
5. The Mission Director, National Health Mission, Govt. of Tripura for kind information & necessary Action please.
6. All the CMO, Tripura state, with request bring the above to the notice of all the contractual manpower of NVBDCP under their control.
7. The State Programme Officer, NVBDCP, Tripura for information & necessary Action please.
8. All the State Consultants under NVBDCP, Tripura, Agartala for information & necessary Action please.
9. The Public Relation Officer, DFWPM, Agartala for information & necessary Action please.
10. All the Contractual manpower, Office of the SPO (NVBDCP), Agartala for information & necessary Action please.
11. The Section In-Charge, NVBDCP Section, DFWPM, Agartala for information & necessary Action please.
12. The Website section, SH&FWS, Tripura for information & hosting the same in the.

(Smt. Bina Basfore)
Deputy Secretary.
Annual Assessment form for IMCP-II Round 9 Contractual Staff under NVBDCP

A. Generic Section

Appraisal Period: from ________ to ________

Name of the State:-
Name of the District:-
Name of Block:-
Name of the Appraisee:-
Designation:-
Place of Posting:-
Reporting Office:-
Present Remuneration:-
Date of Joining (DD/MM/YYYY):-
Mobile No.:-
Email Id:-
Complete Office Address (Including Telephone No., Fax &Email):-
B. Self Assessment Section:

1. Brief Summary of the work done during appraisal period (one year):

2. No. of field visits undertaken (in Nos, during the appraisal period of one year.):
   a. District (only for State Consultants):
   b. Block:
   c. PHC:
   d. Sub-Centre’s:
   e. Villages:

3. Self Assessment of competence, knowledge and skills, about the job Allocated (Rating Scale: Excellent, Very Good, Good, Satisfactory, Average, Below Average):

<table>
<thead>
<tr>
<th>Theme of Assessment</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Average</th>
<th>Below Average</th>
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</thead>
<tbody>
<tr>
<td>Competence</td>
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<tr>
<td>Ability to perform</td>
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<tr>
<td>task as per TOR/Roles &amp; Responsibilities</td>
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<tr>
<td>Knowledge</td>
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<tr>
<td>About Diseases</td>
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<tr>
<td>(Malaria &amp; Other VBDs, Diagnosis, Treatment &amp; IVM)</td>
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<td>Skills</td>
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<td>Monitoring, Training</td>
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<td>&amp; Data Analysis</td>
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</tbody>
</table>

4. Mention the specific significant actions taken based on your observations in the field.
5. Your specific significant contribution to the programme implementation activity.

6. Training activities conducted- No., Topic, Place and Assessment of Impact of Trainings.

7. Innovations done, If any?

8. LOAS performed or not (only for MTS)? If Yes, Details thereof

9. Details of Participation in any IEC/BCC activities, Special Camps etc.

10. Explain in brief about your overall utility in the programme.

Signature:

Name:

Designation:

Date:
### C. Assessment by Reporting Officer (as per following criteria)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Assessment Topic</th>
<th>Max. Marks (10)</th>
<th>Marks Obtained</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Overall Personality</td>
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<tr>
<td>2.</td>
<td>Competence</td>
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<td>3.</td>
<td>Integrity</td>
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<td>4.</td>
<td>Ability to work in adverse Conditions</td>
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<td>5.</td>
<td>Accountability</td>
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<td>6.</td>
<td>Sincerity to work</td>
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<td>7.</td>
<td>Innovation</td>
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<tr>
<td>8.</td>
<td>Capability/Knack to follow orders</td>
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<tr>
<td>9.</td>
<td>Willingness to continue</td>
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<tr>
<td>10.</td>
<td>Knowledge &amp; Skills</td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

**Comments:**

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**D. Assessment by Reviewing Officer**

**Comments:**

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**Signature:**

**Name:**

**Designation:**
E. **Recommendation of the Screening Committee**

State Programme Officer  
Member - Secretary

Regional Director, RoHFW, Govt. of India  
Member

Representative of Dte. NVBDCP  
Member

Director of Health Services  
Chairperson
Guidelines for filling the ‘Annual Assessment Format’

The Annual Assessment format consists of following sections:

A. Generic section: Information of contractual staff being assessed and his/her details

B. Self-Assessment section: To be filled up by individual being assessed

C. Assessment by Reporting Officer: Reporting officer shall be as under:
   a. State Programme Officer for state consultants,
   b. District Vector Borne Disease (DMO) Officer for DVBD Consultant and
   c. Block Medical Officers for MTSs

D. Assessment by Reviewing Officer: Reviewing officer shall be as under:
   • Director Health Services for state consultants,
   • State Programme Officer for District consultants and
   • District Vector Borne Disease Officer for MTSs.

E. Recommendation of the ‘Screening Committee’ – A committee consisting of following shall be constituted at State HQ (as and when required) under the chairpersonship of Director of Health Services at respective state which shall make the final decision on extension of contractual staff:
   (i) concerned SPO,
   (ii) concerned RD, ROH&FW
   (iii) Representative from Dte. NVBDCP

Additional sheets while completing the ‘Annual Assessment Format’ may be added whenever required.