

Name of the Applicant: _____

(b) Academic qualification acquired after joining AEES (In chronological order):

S.No.	Examination/ Degree	University/Board/Dept.	Month & Year of passing	Subject(s)

7. (a) SERVICE RECORD (Regular service in AEES)

Name & Address of the School	Designation	Service Duration			Class Subjects Taught		Any other responsibiliti es discharged
		From dd-mm-yy	To dd-mm-yy	Total (yy,mm)			

(b) Service Record prior to joining AEES (In recognized school/ Organisation which is verified and counted by AEES at the time of recruitment)

Name & Address of the School	Designation	Service Duration			Class Subjects Taught		Any other responsibiliti es discharged
		From dd-mm-yy	To dd-mm-yy	Total (yy,mm)			

Name of the Applicant: _____

(c) Total Service.

Experience in	Experience in Work Assistant	Others	Total Experience
No. of years & months	_____Yrs. _____ Months	_____Yrs. _____ Months	_____Yrs. _____ Months

8. Record of In-service training programmes, workshops etc. attended as Participant or help to organize the same.

Sr.No.	Year	Name of the Course	Duration (Days)	Organized by	In the Capacity of participant / helping to organizing etc.	Remarks

9. Recognition / Award / Prize received by the Employee from Govt./Semi Govt./ recognized Education Institute . Awards received from Private organization are not to mention.

Name of the Award	The Institution which Awarded	Year of award	Field of recognition	Award received by self	Remark

10. Leave Taken

Leave availed during award year (6 th Sep. 2017 to 5 th Sep. 2018)	EL with No. of Occasions	
	HPL / Commuted Leave with No. of Occasions	
	CCL with No of Occasions	

Name of the Applicant: _____

11. Any other significant achievement / contribution not mentioned above.

Signature of Applicant

Date :

Name :

Place :

Designation :

Name of the Applicant: _____

PART – B

(GENERAL ATTRIBUTES)

Remarks about the Work Assistant based on the Fair Assessment made by her / his superiors on five point scale viz. Outstanding / Very Good / Good /Satisfactory/Poor (Please attach proof and chairs for each attributes) (Brief assessment by the Principal is compulsory)

S.No	Particulars	Brief assessment by the Principal about the staff (attach extra sheet)	Graded as
1.	Support to the office		
2.	Cleanliness and neatness of campus		
3.	Sense of Responsibility in day to day work		
4.	Competency for office routine work		
5.	Amenable to office staff and Colleagues		
6.	Maintains cordial relations with staff		
7.	Amenable to Superiors		
8.	Adaptability of the work		
9.	Rapport with students		
10.	Use electronic gadgets (Xerox, Fax, Cyclostyle, copier etc.)		
11.	Contribution towards the safety and security of the school plant/office		
12.	Contribution towards ensuring the safety of students		
13.	Contribution towards the safety of feminine gender in the work place		
14.	Attitude to ensure the safety of belongings of the students/staff		
15.	Service related to hospitality		
16.	Sense of belongingness		

Name of the Applicant: _____

17.	Accepts additional responsibility apart from his/her work profile		
18.	Public Relation with stakeholders		
19.	Punctuality and regularity in attendance		
20.	Prompting the alarming situations		
21.	Loyalty towards the job / Adhere to the moral values		
22.	Interest and initiative in professional growth		
23.	Situational Behavior and Team spirit		
24.	Role of enhancing the image of the school in the community/AEES		
25.	Accomplishment of planned work and the quality of the work		
26.	Quest for knowledge and Informations		
27.	Service to community / Parental attitude towards disabled students/staff		
28.	Reporting of damages/malfunctions of Equipment in time occurred in the campus		
29.	Readiness for supporting the management in odd hours		
30.	National Integration working in Team without and maintaining good working relation with everyone without differentiating between Region/Religion/Caste / Greed		

IT IS CERTIFIED THAT ALL THE INFORMATION PROVIDED IN PART-A TO PART-C HAVE BEEN CHECKED AND FOUND CORRECT.

RECOMMENDATION OF THE PRINCIPAL:

SIGNATURE OF THE PRINCIPAL

Date :
Place :

Name :
Designation :

Name of the Applicant: _____

PART-C

(Evaluation by School/Centre Level Committee)

Supporting documents proof from Part A to C wherever applicable, should be verified. Assessment should be done by referring the point no. 1 to 10 from Part B.

Contribution by Work Assistant (Non-Teaching Staff)

(30 Marks)

S.No	Particulars of the parameter	Maximum Marks	Marks Awarded	Remark
1.	Support to the office	3		
2.	Cleanliness and neatness of campus	3		
3.	Sense of Responsibility in day to day work	3		
4.	Competency for office routine work	3		
5.	Amenable among colleagues	3		
6.	Maintains cordial relations with staff	3		
7.	Amenable to Superiors	3		
8.	Adaptability of the work	3		
9.	Rapport with students	3		
10.	Use electronic gadgets (Xerox, Fax, Cyclostyle, copier etc.)	3		
TOTAL MARKS		30		

The assessment to be done by taking inputs from Part – C

3 marks for Outstanding

2 marks for Very Good

1 mark for Good

RECOMMENDATION OF THE CHAIRMAN, SCHOOL/CENTRE LEVEL COMMITTEE

Name of the Applicant: _____

Name of Member	Signature
1	
2	
3	
4	
5	

Date :
Place :

SIGNATURE
CHAIRMAN. SCHOOL/CENTRE LEVEL COMMITTEE
Name :
Designation :
Seal

Name of the Applicant: _____

PART-D
(Evaluation by the Cluster Committee)

Contribution by Work Assistants (Non-Teaching Staff)

(30 Marks)

Supporting documents with proofs to be verified.

Assessment is to be done by referring the point no. 11 to 20 from Part-B by citing the table given below

S.No	Particulars of the parameter	Maximum Marks	Marks Awarded	Remark
1.	Support to the office	3	___ out of 3	
2.	Cleanliness and neatness of campus	3	___ out of 3	
3.	Sense of Responsibility in day to day work	3	___ out of 3	
4.	Competency for office routine work	3	___ out of 3	
5.	Amenable among colleagues	3	___ out of 3	
6.	Maintains cordial relations with staff	3	___ out of 3	
7.	Amenable to Superiors	3	___ out of 3	
8.	Adaptability of the work	3	___ out of 3	
9.	Rapport with students	3	___ out of 3	
10.	Use electronic gadgets (Xerox, Fax, Cyclostyle, copier etc.)	3	___ out of	
TOTAL MARKS		30	___ out of 30	

The assessment to be done by taking inputs from Part – C

3 marks for Outstanding

2 marks for Very Good

1 mark for Good

REMARKS / RECOMMENDATIONS OF THE CLUSTER LEVEL COMMITTEE

Name of the Applicant: _____

Name of Member	Signature
1	
2	
3	
4	
5	

Date :
Place :

SIGNATURE
CHAIRMAN. CLUSTER LEVEL COMMITTEE
Name :
Designation :
Seal

Name of the Applicant: _____

PART - E

(FORM TO BE FILLED IN BY THE CENTRAL COMMITTEE)

Evaluation at central level for Lab. Assistants (40 Marks)

(All documents / proofs may be verified and assessment can be made by the Central Level Committee)

Contribution by Work Assistants (Non-Teaching Staff)

S.No	Particulars of the parameter	Maximum Marks	Marks Awarded	Remark
1.	Contribution towards the safety and security of the school plant	2		
2.	Contribution towards ensuring the safety of students	2		
3.	Contribution towards the safety and security (Staff and students)	2		
4.	Attitude / present ability to ensure the safety of belongings of the students	2		
5.	Service related hospitality to School Management / Visitors	2		
6.	Sense of belongingness	2		
7.	Accepts additional responsibility apart from his/her work profile	2		
8.	Public Relation with stakeholders	2		
9.	Punctuality and regularity in attendance	2		
10.	Prompting the alarming situations in the school	2		
TOTAL MARKS		20	__ out of 20 To be converted __ out of 30	

Name of the Applicant: _____

PART – F
(To be filled in by Central Committee)

S.No	Particulars of the parameter	Maximum Marks	Marks Awarded	Remark
1.	Loyalty towards the job / Adhere to the moral values	3		
2.	Interest and initiative in professional growth	2		
3.	Situational Behavior and Team spirit	2		
4.	Role of enhancing the image of the school in the community	3		
5.	Accomplishment of planned work and the quality of the work	3		
6.	Service to community / Parental attitude towards disabled students/staff	3		
7.	Reporting of damages/malfunctions occurred in the campus	3		
8.	Readiness for supporting the management in odd hours	3		
9.	Leaves (To be assessed as per point 5 in Form A)	6		
TOTAL MARKS		28		

APAR/ACR Grading obtained by the candidate in last 3 years

Year	Grade obtained	Grade Point
Total Grade Points (Out of 12)		

APAR Grading	Outstanding	Very Good	Good	Satisfactory	Poor
Grade Point	4	3	2	1	0

Name of the Applicant: _____

TOTAL MARKS AWARDED BY CENTRAL COMMITTEE (OUT OF 40):

EVALUATION (Part E) (Out of 28)	APAR (Part F) (Out of 12)	CENTRAL LEVEL (Total=Part E + Part F) (Out of 40)

TOTAL MARKS OBTAINED BY THE CANDIDATE IN ALL LEVELS (Center + Cluster Level)

SCHOOL LEVEL (Part C) (Out of 30)	CLUSTER LEVEL (Part D) (Out of 30)	CENTRAL LEVEL (Part F + Part F) (Out of 40)	TOTAL (Out of 100)

REMARKS / RECOMMENDATIONS OF THE CENTRAL LEVEL COMMITTEE

Name of Member	Signature
1	_____
2	_____
3	_____
4	_____
5	_____

SIGNATURE
CHAIRMAN, CENTRAL LEVEL COMMITTEE

Date :
Place :

Name :
Designation :
Seal

Name of the Applicant: _____