

PROBATIONARY RATING SHEET

FINAL REPORT

1. a) Name :	APPROVAL DE C	c) Dent	. No. :
Designation:b) Grade/	Conditional of the Circles of the Ci	Staf	f No.:sion:
 Date of Appointment / Proto the present position Rating for the period endi 		20	
Particulars	Rating (Check / under appropriate column)		
	Above Average	Average	Below Average
Job Knowledge			S. Circumstance
Performance	Committee	1200	Liter Talleran s
Conduct & Integrity	: milking to A.		
Attendance and Punctuality			Bo seal avisação
Initiative	- (Fage)		Appointment of the state of the
Specific remarks if any:	old pakolédu soo at		e frances extra von 1
Signature		Signature	
(Name and Designation of the reporting Officer)		(Name and Designation of the Reviewing/ Countersigning Officer)	
Date:20		Date:20	

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RECOMMENDATIONS OF PERSONNEL DEPARTMENT	APPROVAL OF COMPETENT / AUTHORITY TO CONFIRM THAT EMPLOYEE IN THE POST	
Has the employee completed the Probationary Period Satisfactorily? Is the previous	Confirmation in GRADEAPPROVED WAGE GROUPAPPROVED	
employer/s Report Satisfactory? []	3. Robing for the period ending	
3. Is the police Verification Satisfactory?	Signature	
In the brackets	Name: Designation:	
4. What is the effective date of confirmation of Appointment / promotion in the post	Date20 if not approved give reasons below:	
5. Any other remarks:		
Signalure	Name:	
Date: Signature Designation	Designation:	
Ref:	Date	