

SELF APPRAISAL & PERFORMANCE ASSESMENT FORMAT FOR CRCC- [To be filled up Part-A by CRCC/Part-B by BMC/Part-C by DMC]

Part-A- [To be filled-up by CRCC.]

Name of CRCC :

CRCC Roll No. :

Date of signing of agreement as CRCC :

Period of Assessment Report (From-To) :

Duration of Present Engagement :

Name of Parent Department :

Name of Parent School :

DISE Code(11 digit) of parent school :

		Activity							
No. of days Cluster level-In-Service Teachers Training during last year	Target(in days)				Achieved(in days)				
Total enrolment in Class –I to VIII as per DISE(current DISE Report)									
Total class wise enrolment in Class –I to VIII as per DISE(current DISE Report) of schools under the cluster	C-I	C-II	C-III	C-IV	C-V	C-VI	C-VII	C-VIII	
Total Number of School									
Number of visit to various schools									
Major academic issues of the schools									
Action taken for addressing the issues									

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Activities undertaken to prevent dropout:

1.
2.
3.

Activities undertaken for high retention:

1.
2.
3.

Activities undertaken for community involvement in school:

1.
2.
3.

Special Activities taken for vibrant conduction of CRC level teacher training:

1.
2.
3.

Mention example of personal involvement with community while carrying out various activities:

1.
2.
3.

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Innovative activities implemented:

Name of Activities	Conducted in the month	Target	Achieved	Outcome	Major Observation

Any other activities implemented (including task assigned by authority) :

Name of Activity	Type(occupation) and no. of beneficiaries	Outcome	Major observation

School Visit Report submitted to BMO in hard copy : Please mention number of submitted report

Month-													
Number of report submitted													

Date:

(Signature of CRCC)

N.B.: If required the space given for each point may be increased as per the requirement.

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Part-B- [To be filled-up by Block Mission Co-ordinator him self.]

Report on attendance:

Total Working Days during the reporting period : No. of days present : No. of days in Leave :

Casual Leave : Medical Leave : Unauthorized absence :

Total number of School Visit Report submitted:

Performance in data collection, maintenance & data analysis:

Commitment for his/her duties & responsibilities:

If Special/innovative activity undertaken, please mention:

Any information regarding any complaint against the CRCC/misconduct etc:

Remarks regarding regularity, punctuality and sincerity- ([i] Un-satisfactory, [ii] Satisfactory, [iii] Good, [iv] Very Good, [v] Excellent, [vi] Out standing)

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Competency-wise Assessment :

(Please give points against each attribute below ranging from 0-10)

- 1. Knowledge of the job
- 2. Regularity
- 3. Punctuality
- 4. Sincerity
- 5. Reliability
- 6. Involvement/Interest in work
- 7. Timely completion of allotted work
- 8. Willingness to work in odd hours
- 9. Working capacity
- 10. Relationship with colleagues/higher officials/public
- 11. Total Marks carried**

Signature of Block Mission Co-coordinator

Date:

Block:

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Part-C- [To be filled-up by District Mission Co-ordinator him self.]

Report on attendance:

Total Working Days during the reporting period : No. of days present : No. of days in Leave :

Casual Leave : Medical Leave : Unauthorized absence :

Total number of School Visit Report submitted to BMC as reported:

Performance in data collection, maintenance & data analysis:

Commitment for his/her duties & responsibilities:

If Special/innovative activity undertaken, please mention:

Any information regarding any complaint against the CRCC/misconduct etc:

Remarks regarding regularity, punctuality and sincerity- ([i] Un-satisfactory, [ii] Satisfactory, [iii] Good, [iv] Very Good, [v] Excellent, [vi] Out standing)

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- 10. Relationship with colleagues/higher officials/public
- 11. Total Marks carried**
- 12. Grade** (below50='C', 50to70='B', 71to100='A')

Signature of District Mission Co-ordinator

Date:

District: