## Performance Evaluation Form

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1.	Name:	IZHAR ALI							
2.	Title:	UNION COU	NCIL POL	IO OFFICE	R (UCPO)				
3.	Contract Type/Position	PTPP	ig				1.		
·4.	Duty Station (UC/District/Province)	LAHORE W		I/KPK					
5.	Evaluation Period:	Start	Date:	1	-May-19	End D	Date:	. 3	31-July-19
11.	Rate PTPP holder's 7	Technical Skills	•					·.	
			34		the b	g done to est of desired obtained	the best abilit mixed	g done to / good of y; with results	Work inadequately done; results unsatisfactory

2)	UC/Area level Micro-plans field validation		<i>5</i>	
3)	Status of selection of the house to house vaccination teams	. 8		
4)	Training of the vaccination teams			. 🗆 .
5)	Training of the UC supervisors (Area In-charges)			
6)	Pre campaign data collection, collation and timely transmission to the next level		•	
7)	Data collection, collation and timely transmission to the next level during the campaign			
8)	Corrective measures following the identification of the gaps			П

## Rate PTPP holder's Following Attributes:-III.

8)

	Satisfactory	Needs Improvement	Unsatisfactory
Reliability			
Work independently with minimal supervision			
Punctuality			
Initiative	,		
Good team player		7	
Familiarity with WHO required procedures		. 🗆	

improvement)

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George J. George St. Co					
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Overall Assessment	*			·,	
	team but for son	ne reasons his perfo	rmance is qu	jestionable lately	. He is not act
	1 14	and managed brown nim	niii wheneve	I all outside.	
des detection and reporting in time. We	don't receive a	ny report from film	whenever	r he is asked to sh	nare some dat
ues detection and reporting in time. We est ) has a lot of findings which should	be reported by I	zhar Ali at first plac	-ite of last or	valuation His cas	ual behavior
his UC, he is always late in responding	These issues s	till exist in him des	pile of hist c	· ·	
rsonal initiative and poor command on	procedure are th	e matters of concer	n		
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	•		7	1.—	
	PEO		1 5mb	<u> </u>	29/6
NAJEEB ULLAH KHAN	_		1.5	in a (Cinnatura)	Date
1ª level supervisor (Name)	1st level supervise	or (Title: PEO)	" level super	visor (Signature)	Date
Remarks by the PTPP holder (UCPC	O/TCSP) at the en	nd of the evaluation	- T	vant to: (	+
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