
Schedule 9: PROBATION COMPLETION FORM

Performance Evaluation Form for NHDCL Employees Completing Their Probation Period

NAME:	EMPLOYEE ID:	DESIGNATION:
GRADE:	POSTING:	DEPARTMENT:
PROBATION START DATE:	PROBATION COMPLETION DATE:	

While filling up the Probation Completion Form, Please be as legible as possible. Keep the form clean. Avoid over writing and cutting as much as possible.

Give a brief description of the duties carried to by the candidate during the Probation Period.

(Please attach extra sheet if needed)

Performance Rating (Use the performance appraisal form in Schedule 10 & 11)

	Unsatisfactory	Satisfactory	Good	Very Good	Outstanding
Overall Performance					

Remarks

Recommended for:

Supervisor

Supervisor

