

NATIONAL RURAL HEALTH MISSION

Name of the district	:-
Name of Institution	:-
Format for evaluation of clerk for providing performance based incentive	
a. Name of institution	:-
b. No of clerk in the institution whether all other clerks in the institution are fully loaded with work	:-
c. Name of the clerk handling NRHM accounts	:-
d. (1) Whether the clerk handels the NRHM accounts in addition to other job	:-
(2) If so, what are the other jobs handeled by the clerk	:-
f. Details of NRHM work done by the clerk	:-
g. Time ratio spent by the clerk on d&e above	:-
h. No. of hours spent in day by the clerk for NRHM work	:-
i. Whether the clerks is enjoying any other honarium/allowance for any other project/ programme etc...	:-
j. Whether the NRHM work can be got done by any other clerk of the institution without paying :- honarium on the basis of work redistribution/ work rationalization	:-
k. (1) Date of receipt of UC/SOE in DPM office (2) Date of transmission of above to headquarters	:-
L. Date of receipt of funds from headquarters Date of distribution of funds to peripherals	:-
m. No. of visit of peripherals	
n. No. of omissions/mistakes noticed such mistake :-	
O. Details of delay in headquarters proceedings in financial matters	:-
Recommendation of the committee	:-
Signature of Medical Officer	:-
Signature of BAC/PRO	:-
Signature of DPM	:-