|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Probation Period Assessment Form** | | | | | | |
| Employee Name |  | | | | Employee Code |  |
| Date of Joining  *(dd/mm/yyyy)* |  | | | | Confirmation Due Date  *(dd/mm/yyyy)* |  |
| Designation |  | | | | Project/Department |  |
| **Rating Scale: 1- Outstanding 2- Exceeds 3- Meets 4- Needs improvement 5- Poor** | | | | | | |
| **Factors** | | **Rating \*** | **Remarks** *(Amplify any specific performance comments if applicable)* | | | |
| Job knowledge | |  |  | | | |
| Job related skills | |  |  | | | |
| Alignment with company culture | |  |  | | | |
| Productivity | |  |  | | | |
| Interactive Skills | |  |  | | | |
| Personal Resourcefulness | |  |  | | | |
| Overall assessment as an NST employee | |  |  | | | |
| Strengths | |  | | | | |
| Weakness (if any) | |  | | | | |
| **Recommendation** | | | | **(Yes / No)** | | |
| To be Confirmed | | | |  | | |
| Probation to be extended (please provide reason below) | | | |  | | |
| Services to be discontinued with effect from (please provide reason below) | | | |  | | |
| **Reason:** | | | | | | |

**Name and Signature of Immediate Manager Date:**

**Approval by HOD**

(In case of delayed confirmation/service discontinuation)