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| **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)