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Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt-110 010

B/49760/AG/ECHS/R/2024

25 Sep 2024

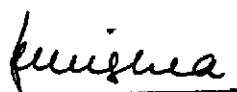
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All Comd HQs (A/ECHS)

IHQ of MoD (Navy) (ECHS)

Dte of Air Veterans (ECHS)

**PROCEDURE FOR ASSESSMENT IN RESPECT OF DENTAL OFFICER
EMP AT ECHS POLYCLINIC**

1. PI ref CO ECHS letter No B/49760/AG/ECHS(R)/2017 dt 10 Nov 2017.
2. To ensure efficiency and smooth functioning of Polyclinic, the procedure for assessment in r/o Dental Officer needs to be further streamlined. Hence, fresh Appendix 'C' and 'A (i)' for Annual and Quarterly Appraisal in r/o Dental Officer respectively is issued herewith for your further necessary action. The Appraisal would be effective from the Qtr ending Dec 2024.
3. This letter supersedes to CO ECHS letter No **B/49760/AG/ECHS/R/2024 dt 05 Jun 24 for Assessment in r/o of Dental Offr only.**
4. CO ECHS letter No B/49760/AG/ECHS/R/2024 dt 05 Sep 2024 may pl be treated as cancelled.
5. This has the approval of the competent authority.


(PK Mishra)
Col
Dir (Ops & Coord)
for MD ECHS

Copy to:-

()
Regional Centres ECHS

- For info and further dissemination to all Stn HQs/PCs under your AOR.

Internal

S & A sec

- To upload on the ECHS website pl.

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B/49760/AG/ECHS/R/2024

05 Sep 2024

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All Comd HQs (A/ECHS)
IHQ of MoD (Navy) (ECHS)
Dte of Air Veterans (ECHS)


**PROCEDURE FOR ASSESSMENT IN RESPECT OF DENTAL OFFICER
EMP AT ECHS POLYCLINIC**

1. Pl ref the fwg:

- (a) CO ECHS letter No B/49760/AG/ECHS(R)/2017 dt 10 Nov 2017.
(b) CO ECHS letter No B/49760/AG/ECHS/R/2024 dt 05 Jun 2024

2. To ensure efficiency and smooth functioning of Polyclinic, the procedure for assessment in r/o Dental Officer needs to be further streamlined. Hence, fresh Appendix 'C' and 'A (i) for Annual and Quarterly Appraisal in r/o Dental Officer respectively is issued herewith for your further necessary action. The Appraisal would be effective from the Qtr ending Dec 2024.

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Regional Centres ECHS to all Stn HQs/ Polyclinics in your AOR.

Internal

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**QUARTERLY APPRAISAL ECHS STAFF FOR THE QE
 DENTAL OFFICER**

- 1. Name of Polyclinic / Regional Centre : _____
- 2. Type of Polyclinic : _____
- 3. Stn HQ : _____
- 4. Name of the Employee : _____
- 5. Designation : _____
- 6. Date of First Employment : _____
- 7. No of Extension availed : _____
- 8. Date of Commencement of last Extension : _____
- 9. Self Appraisal form signed by Employee att as Annexure.

Dated:

 (Signature of Individual)

10. **Personal Qualities**

- (a) Sincerity
- (b) Behaviour with Patients
- (c) Accessibility
- (d) Willingness to learn
- (e) Integrity
- (f) Punctuality

**OIC Polyclinic
 (Excellent/Good/Satisfactory/
 Unsatisfactory)**

11. **Professional Quality.**

- (a) Professional Knowledge (Policies & Procedures)
- (b) Man Mgt Acumen
- (c) Financial Mgt
- (d) Drug Mgt (inventory Control)

12. Details of Complaint (if any).

COMMENTS OF DIR RC ECHS,

(RECOMMENDED/NOT RECOMMENDED)

SELF APPRAISAL FORM : NAME (DO), ECHS POLYCLINIC (NAME)

1. DASR (Dental) :
2. Total attendance in QE _____ :
3. No of referrals to service dental est :
4. No of referrals to empanelled clinics :
5. Details of treatment rendered :

<u>Ser No</u>	<u>Treatment</u>	<u>Carried out in PC</u>	<u>Referred to service est</u>	<u>Referred to empanelled clinic</u>	<u>Remarks</u>
(a)	Restoration				
(b)	RCT (Ant)				
(c)	RCT (Post)				
(d)	RPD				
(e)	CD				
(f)	FPD (Unit)				
(g)	Extraction				
(h)	Other				
	Total				

6. Status of dental equipment :
7. Action taken if equipment unserviceable, :
incl action taken for AMC/ repair with dates
8. Supply of expendable dental stores:
AFMSD :
SEDO :
9. Date of placement of indent and receipt of expandable stores:
AFMSD :
SEDO :
10. Frequency of submission of monthly summary to SEDO:
11. Any other information which DO would like to apprise about:

Certified that all information provide is correct and pertains to work output in my dental surgery room and not a consolidated output of all dental surgeries in this ECHS Polyclinic.

Place :

(Signature of DO with Name)

Date :

REMARKS OF OIC POLYCLINIC

REMARKS OF SEDO

Appendix C

(Refers to Para 2 of Central Org ECHS letter No B/49760/AG/ECHS/R dt Aug 2024)

ASSESSMENT OF ECHS POLYCLINIC STAFF:
DENTAL OFFICER

- 1. Name of Employee : _____
- 2. Name of Polyclinic : _____
- 3. Stn HQ : _____
- 4. Date of First Employment : _____
- 5. Date of Commencement of last Extension : _____
- 6. Date of Birth : _____
- 7. Self Appraisal form signed by : _____
Employee att as Annexure.

PART-II BASIC ASSESSMENT

8. Overall performance by the officer during the year (grade from 01 to 09)

IO	FTO/Tech Offrs
Stn Cdr	SEDO

9. Recommendation from Extension (do you recommend the officer for extension)

Yes/No

Yes/No

(Signature IO)

(Signature of FTO/Tech Offrs)

Date:

Date:

Brief comments by reporting officer

(In case of Non-recommendation only. Details of warning be included/enclosed)

1. IO

(Signature with date)

2. FTO/Tech Offr

(Signature with date)

SELF APPRAISAL FORM : NAME (DO), ECHS POLYCLINIC (NAME)

1. DASR (Dental) :
2. Total attendance in FY _____ :
3. No of referrals to service dental est :
4. No of referrals to empanelled clinics :
5. Details of treatment rendered :

<u>Ser No</u>	<u>Treatment</u>	<u>Carried out in PC</u>	<u>Referred to service est</u>	<u>Referred to empanelled clinic</u>	<u>Remarks</u>
(a)	Restoration				
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REMARKS OF OIC POLYCLINIC

REMARKS OF SEDO