Navabharat Co-operative Urban Bank Ltd.
❑ Plot No. 12, Brindavan Colony, Dr. A.S. Rao Nagar, ❑ Balaji Nagar, Jawahar Nagar Branch.

PERFORMANCE REGISTER

MONTH YEAR

Name of the Employee		Date of Joining/Annual Increment	
Date of Birth		Date of latest promotion	

To be submitted in 2 sets by employees/trainees on month end day at 6.00pm; The CEO shall release payment approval on the 1st day of next month on the recommendations of the HODs.1st original shall be submitted to HO.

Date	Day	My AT	No.TC	DT CT	DPR ST	My DT	Initial
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Punctuality and Customers' Satisfaction	**W1**	**W2**	**W3**	**W4**	**W5**
No. of days, I failed to come to bank on time					
No. of days, I failed to work at day end					
No.of instances of customers' delight					
No.of instances of customers' dissatisfaction					

Marketing	W1	W2	W3	W4	W5	Month
CAS A Accounts secured						
TDs secured						
Lockers marketed						

W1, W2, W3, W4 and W5 denote 1st, 2nd, 3rd, 4th and 5th weeks of the month.

My AT: My arrival Time; **No.of TC**: No.of Transactions confirmed; **DTCT:** Daily Transactions Confirmation Time; **DPR ST**: Daily Performance Report submission time; **My DT**: My departure time; **DPR**: Daily Performance Report; **WPR**: Weekly Performance Report; **MPR**: Monthly Performance Report.

Salary:

As against___working days in the month, I attended bank for___days;__%. Leave is granted for all the days I abstained from duty.I have been punctual; I have not left the bank early (before 6pm) on any day other than the days for which information is furnished herein.

I confirmed, at the time noted herein the correctness of all the transactions shown with my ID in the scroll.

I have been complying with the bank's policy that if any of the customer's request cannot be met with, only the senior most can say NO to him; juniors cannot say NO by themselves.

I have been complying with the RBI regulations and Bank's IS and Cyber Security Policy and I have been complying with same including pass word controls.

I could complete the works alloted daily weekly and during the month except the following:
1.

2.

I have set my goals for the next month, next quarter, half year as detailed herein.
1.

2.

My performance during the month is satisfactory. I am eligible for a payment of Rs._____ towards my salary/stipend for the month. There are no NCs during the month; I am eligible for my Performance incentive of Rs.2,000.

Signature, Name of the employee and date

Enclosures: ❑ *Leave application with duly sactioned endorsements.*
❑ *DPR;* ❑ *WPR;* ❑ *MPR;* ❑ *RBI CSW*

Certificate: DPRs, WPRs, MPRs are reviewed. The data furnished herein by the employee/trainee tallies with the records except for the following:
1.

2.

Employee's performance in the month is satisfactory. I recommend for payment of the salary/stipend of Rs._____ since it is in compliance with bank's policy. Employee had achieved 100% compliance of RBI/HO regulations; I recommend payment of Performance Incentive of Rs._____.

Signature, Name of the HOD and date

HOD/HOB's note is perused. Payment as proposed is approved since it is in compliance with bank's policy.

Signature, Name of the CEO and date.

No. of o/s NCs at the end of	RBI Inspec-tion	HO Inspec-tion	Statutory Audit	Concur-rent Audit	IS.CS Audit	Self Audit						
April												
May												
June												
July												
August												
September												
October												
November												
December												
January												
February												
March												
Total												

o/s: outstanding; NCs: Non compliances; Insp: Inspection; Stat: Statutory; Conc.: Concurrent; IS.CS: Information Systems and Cyber Security

Knowledge and skills at the end of	No. of RBI.Ds Relating to my S	No. of RBI.Ds read by me	No. of RBI. Ds synopsis prepared	No. of RBI. Ds synopsis presented	Physical Trainings attended	Online Trainings attended	Articles pub-lished	Lectures Given				
April												
May												
June												
July												
August												
September												
October												
November												
December												
January												
February												
March												
Total												

RBI.Ds: RBI Directions including Master Directions, Master Circulars and Circulars; S: Section

Marketing performance at the end of	CASA	TDs	Lockers	Recover-ies TWO	Recover-ies NPAs	Recover-ies in SAs	Others					
April												
May												
June												
July												
August												
September												
October												
November												
December												
January												
February												
March												
Total												

HOD's Observations:

❑ Quarterly ❑ Half-yearly ❑ Annual Performance Appraisal review is conducted;

Employee had understood the Circulars; able to communicate orally and in written form; synopsis is ok.

Employee is performance is at ___%; Employee needs training in the areas_____

Appraiser's views are conveyed to the employee;

Annual Increment of Rs._____and a monthly PI of Rs._____is sanctioned.

Signature, Name of the HOD and date

Signature, Name of the CEO and date.

Casual Leave (CL) Account

Date	CL availed from date	CL availed to date	No of days of CL availed	No of days of CL credited	Banance of CL	HOD's Signature

Previlege Leave (PL) Account

Date	PL availed from date	PL availed to date	No of days of PL availed	No of days of PL credited	Banance of PL	HOD's Signature

Sick Leave (SL) Account

Date	SL availed from date	SL availed to date	No of days of SL availed	No of days of SL credited	Banance of SL	HOD's Signature

Extrodinery Leave (EOL) Account

Date	EOL availed from date	EOL availed to date	No of days of EOL availed	Aggregate No of EOLs		HOD's Signature

Application for Leave* **No.:**

**shall be submitted in advance and leave shall be availed only on sanction, except in exceptional cases like on medical grounds.*

Employee Name	
Cell/Contact No	
Place of stay on leave	
Purpose of Leave	
Nature of Leave**	CL.PL.SL.EOL
Leave Period	From to
No. of days	
Medical Certificate*	enclosed NA
Kindly sanction *Signature of applicant*	

For Office Use of HOD

CL at credit as on date		PL at credit as on date	
Less CL applied for		Less PL applied for	
*Balance CL		*Balance PL	
SL at credit as on date		EOL availed as on date	
Less SL applied for		Add EOL applied for	
*Balance SL *if sanctioned		*Total EOL would be	

We _____recommend for sanction *Signature of HOD* Date:
Sanctioned ____ days *Signature of Sanctioning Authority* Date:

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