

Tele : 25684946  
ASCON: 36832  
E-mail : jdpers@echhs.gov.in

Central Organisation ECHS  
Adjutant General's Branch  
IHQ of MoD (Army)  
Thimmaya Marg  
Near Gopinath Circle  
Delhi Cantt -110010

B/49760/AG/ECHS/R/2024

03 Jan 2025

IHQ of MoD (Navy)/ Dir ECHS (N)  
Air HQ (VB). Dte of AV  
HQ Eastern Command (A/ ECHS)  
HQ Western Command (A/ ECHS)  
HQ Northern Command (A/ ECHS)  
HQ Southern Command (A/ ECHS)  
HQ Central Command (A/ ECHS)  
HQ South Western Command (A/ ECHS)

**ANNUAL/ QTRLY ASSESSMENT OF MED OFFRS/MED SPECIALISTS/ DENTAL  
OFFRS/PARA-MED/ NON-MED STAFF EMPLOYED AT REGIONAL CENTRES  
ECHS AND SERVICE HOSPITALS**

1. PI ref the CO ECHS letters No B/49760/AG/ECHS/R/2024 dt 05 Jun 2024 & even dt 25 Sep 2024.
2. With an aim to ensure judicious vetting of medical bills, and to provide quality healthcare facilities to beneficiaries, contractual staff have been allocated to work at Regional Centres ECHS and Service Hosps across the country. The above measure has proved to be cost effective resulting in saving of expdr.
3. Over the pd, queries have been raised regarding the appraisal system of such contractual staff working at Regional Centres ECHS and Service Hosps.
4. It is hereby laid down that appraisal of contractual staff including medical approvers and Med Offrs/ Med Spl/ Dental Offrs working with Central Org ECHS, Regional Centres ECHS and Service Hosps will be carried out by Central Org ECHS, Regional Centres and Polyclinics as under:-

(a) **Central Org ECHS.**

- (i) **Med Offrs/Med Spl/Dental Offrs (Tech Approvers).** Jt Dir (Claims).
- (ii) **Para med/ Non-med staff.** Jt Dir (Est).

(b) **Regional Centres ECHS.**

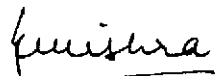
- (i) **Med Offrs/Med Spl/Dental Offrs (Tech Approvers).** Jt Dir (HS).
- (ii) **Para med/ Non-med staff.** Jt Dir (Est).

(c) **Service Hospitals.**

- (i) **Med Offrs/ Med Spl/ Dental Offrs/ Para med/ Non-med staff.** OIC Polyclinic (in consultation with Adm Offr/ Head of the Deptt) where no specific appt of OIC ECHS exists at Service hosp.

Contd...

5. For compliance please.

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

**Internal**

S&A Sec - for info and uploading on ECHS website please.

Tele : 25684946  
ASCON : 36832  
E-mail : jdpers@echhs.gov.in

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

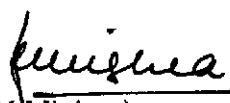
(  
All Comd HQs (A/ECHS)

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.

Tele : 25684946  
ASCON : 36832  
E-mail : jdpers@echhs.gov.in

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

B/49760/AG/ECHS/R/2024

05 Sep 2024

( )  
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**

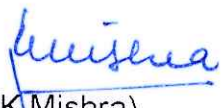
1. PI ref the fwg:

(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.

3. This has the approval of the competent authority.

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

**Copy to:-**

( ) - For info and further dissemination  
Regional Centres ECHS to all Stn HQs/ Polyclinics in your AOR.

**Internal**

S & A sec - To upload on the ECHS website pl.

**Appendix 'A (i)'**

(Refers to Para 2 of CO ECHS letter  
No B/49760/AG/ECHS/R/2024

dt Aug 2024)

**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 :

| <b><u>Ser No</u></b> | <b><u>Treatment</u></b> | <b><u>Carried out in PC</u></b> | <b><u>Referred to service est</u></b> | <b><u>Referred to empanelled clinic</u></b> | <b><u>Remarks</u></b> |
|----------------------|-------------------------|---------------------------------|---------------------------------------|---|-----------------------|
| (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<br>Stn Cdr | FTO/Tech Offrs<br>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      |                          |                                |                                      |                |
| (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**