

# *Name of the Organization*

## CONFIRMATION REVIEW FORMAT

Date: \_\_\_\_\_

### Self Assessment Format

Associate Name :  
Designation :  
SBU & Loc :  
Employee Code :  
Period of Review :

This format is a guideline towards self-assessment of performance by the associate to enable him / her to ensure that he is on track vis-à-vis the expectations that have been set out. If there is an area of concern then that can be addressed from both the organization and the associate's side.

Please try and be objective and support your statements with examples from your day-to-day working.

- a. List out the expectations that were set out and communicated to you at the time of joining the SBU

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Team Leader Comments:

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- b. What has been your progress on the above set of expectations

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Team Leader Comments:

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- c. On which of the above expectations has your progress not been up to the mark and briefly state the reasons for the same

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Team Leader Comments:

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d. What have been the tools that you have used successfully to build client relations?

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Team Leader Comments:

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e. Where do you stand with respect to your knowledge (Markets / Products / Domain)

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Team Leader Comments:

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f. Rank yourself on the following parameters:

Exceptional – 1; Advanced – 2; Competent – 3; Needs Improvement – 4; Needs Major Improvement - 5

Initiative	
Planning Ability	
Execution Ability	
Quality of Work	
Adherence to Deadlines	
Communication within Team	
Ability to work independently	
Problem Solving Ability	
Policy Compliance / Punctuality / Attendance	

g. Anything else which you may wish to add

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Team Leaders Overall Assessment:

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Team Leaders Recommendation:

Confirm Services

Extend Probation

Do not confirm Services

Associates Remarks:

I agree to the above assessment

I do not agree to the above assessment  Because \_\_\_\_\_

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\_\_\_\_\_  
Associate signature

\_\_\_\_\_  
Team Leaders Name &  
Signature

HR Comments / Remarks:

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\_\_\_\_\_  
HR Associates Name & Signature