



**LITTLE FLOWER INSTITUTE OF SOCIAL SCIENCES AND HEALTH(LISSAH)**  
**ANNUAL PERFORMANCE ASSESSMENT REPORT (NON-TEACHING STAFF)**  
**FORM "A" TO BE FILLED IN BY THE STAFF MEMBER**

**Assessment for the year:**

1. Name:	
2. Date of joining the post:	
3. Designation:	
4. Office/Section:	
5. Academic/Technical Qualification:	
6. Details of the present duties:	
7. Any other information to be pointed out:	

**Date:**

**Signature of the staff member**

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