

<b>FACILITY</b> (Dept./ Hosp./ Institution/ JKN/ Division/ Program)							
<b>KPI:</b> (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> <b>CLINICAL SERVICE</b> <input type="checkbox"/> <b>HPIA</b> <input type="checkbox"/> <b>PPTPA:</b> Name : _____ <span style="margin-left: 300px;">Designation : _____</span>							
<b>PERIOD OF PERFORMANCE:</b> (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> <b>JAN – MAR</b> <input type="checkbox"/> <b>APR – JUN</b> <input type="checkbox"/> <b>JUL – SEPT</b> <input type="checkbox"/> <b>OCT– DEC</b> <input type="checkbox"/> <b>JAN – JUN</b> <input type="checkbox"/> <b>JUL – DEC</b> <input type="checkbox"/> <b>JAN – DEC</b> <input type="checkbox"/> <b>OTHERS:</b> Please specify: _____			<b>YEAR:</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
<b>INDICATOR</b>			<b>STANDARD</b>				
<b>NUMERATOR</b>		<b>DENOMINATOR</b>	<b>PERFORMANCE ACHIEVED</b>				
<b>SIQ</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> <b>IF Yes, SIQ FORM SUBMITTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress							

*NOTE: This form needs to be filled by the Officer in charge of the indicator at the facility.*

**PERFORMANCE VERIFICATION:**

<b>Person in charge of the indicator</b>     (Name/ Signature/ Designation/ Stamp) Date: Contact Number:	<b>Head of Unit/ Department/ Section/ Deputy Director</b>     (Name/ Signature/ Designation/ Stamp) Date:
<b>Hospital Director/ State Director/ Division Director/ Head of Program</b>     (Name/ Signature/ Designation/ Stamp) Date:	

**FOR THE USE OF QUALITY/ KPI UNIT ONLY**

**PERFORMANCE CONFIRMATION:**

- The above performance data is verified by the appropriate officers.
- Others (Please specify: .....)

<b>Person in charge</b>     (Name/ Signature/ Designation/ Stamp) Date:
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