

FACILITY					
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CIISQI <input type="checkbox"/> HPIA <input type="checkbox"/> OTHERS: <input type="checkbox"/> PPTPA: Name : Designation :					
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:					YEAR: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
INDICATOR				STANDARD	
NUMERATOR		DENOMINATOR		PERFORMANCE ACHIEVED	
SIQ <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, SIQ FORM SUBMITTED <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:

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

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