

SECTION – II

1. Declaration

Have you filed your immovable property return, as due. If yes, please mention date	Yes/No	Date
Have you set the annual work plan for all officers for the current year, in respect of whom you are the reporting authority?	Yes/No	
Have you prepared the work plan for yourself?	Yes/No	
Have you enclosed a note on important achievements during the period?	Yes/No	

2. Please specify the quantitative/physical/financial targets/objectives(8to 10 items priority wise in order or importance) set for yourself or that were set for yourself or that were set for you and your achievements against each target.

Targets	Achievements

3. Please state briefly the shortfalls with reference to the targets/objectives referred to in column 2. Please specify constraints, if any, in achieving the targets.

4. Please also indicate items in which there have been significantly higher achievements and your contribution thereto.

Signature
Officer reported upon

Date:

SECTION-III

Appraisal

1. Assessment of Work output (This assessment should rate the officer vis-à-vis his peers and not the general population. Grades should be assigned on a scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to be best grade. 40% weightage will be assigned to this item) Assessment of work output (weightage to this Section would be 40%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Accomplishment of planned work/ work allotted as per subjects allotted			
ii) Quality of output			
iii) Analytical ability			
iv) Accomplishment of exceptional work / unforeseen tasks performed			
Overall Grading on Work Output			

2. Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of Discipline			
iv) Communication skills			
v) Leadership qualities			
vi) Capacity to work in team spirit vii) Capacity to work in time limit viii) Inter-personal relations			
Overall Grading on personal attributes			

3. Assessment of functional competency (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Knowledge of Rules/Regulations /Procedures in the area of function.			
ii) Strategic planning ability			
iii) Decision making ability			
iv) Coordination ability			
v) Ability to motivate and develop subordinates			
Overall Grading on functional competency			

4. Integrity

Please comment on the integrity of the officer, keeping in mind both his financial integrity and his moral integrity(Instructions enclosed).

5. Attitude towards SC/ST:

(Please comment on his/her understanding of the problems of Scheduled Castes/Scheduled Tribes/Weaker Sections and willingness to deal with them)

6. Pen picture by the Reporting Authority.

(Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections)

7. Overall Grade on a scale of 1-10

(This will be weighted average of column 1-3)

Date:

Signature of Reporting Authority_____

Name in Block Letter_____

Designation during the period of report

Section IV – Review

1. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in section III? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and/or significant failures of the moS / officer reported upon?

(In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries)

Yes	No
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2. In case of difference of opinion details and reasons for the same may be given.

3. Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections

4. Overall Grade on a scale of 1-10.

Date:

Signature of Reporting Authority_____

Name in Block Letter_____

Designation during the period of report

CERTIFICATE FOR DISCLOSURE OF ANNUAL PERFORMANCE APPRAISAL REPORT

1. Name of the Officer reported upon

2. Year/Period of Report

3. Date of disclosure of the APAR to the officer reported upon

4. Whether representation on the APAR received from the officer reported upon

YES	NO
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5. Date of receipt of the representation

6. Date of disclosure to the officer reported upon the decision on his/her representation after its consideration by the competent authority

7. Remarks, if any

In the event of reply to (4) anopve is NO (i.e. no representation has been/is sought to be made by the officer reported upon), it is preferable to obtain a certificate to that effect from the officer reported upon on the lines indicated below:

I have read all the entries in respect of my APAR for the year/period _____ (including those pertaining to assessment of integrity and overall grade and rating) made by the concerned reporting and reviewing authorities and I am in agreement with the same. I do not have any representation to make in this regard.

Name of the officer reported upon

Signature

Date

Section IV – Review

the column provided for you

1. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in section III? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and/or significant failures of the MOS /officer reported upon?

(In case you do not agree with any of the numerical assessments of attributes please record your assessment in that section and initial your entries)

Yes	No
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2. In case of difference of opinion details and reasons for the same may be given.

3. Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections

4. Overall Grade on a scale of 1-10.

Date:

Signature of Reporting Authority_____

Name in Block Letter_____

Designation during the period of report
