Annual Performance Assessment Report (APAR) for Group-'B' & 'C' Officials for the FY_____

(Strikeout which is not applicable)

(To be type-written by the employee to be reported upon)

Part 1: Personal Data and self-appraisal

1.	Name				
2.	Designation				
3.	PF No.				
4.	Pay Level				
5.	Date of Birth				
6.	Date of initial appointment				
7.	Working in present Dept. w.e.f.				
8.	Details of previous postings during the current period under report	Dept.	From	To	Name of the HOD
9.	Nature of work assigned				
10.	Self-appraisal / Any achievement / notable work done (during the period under report)				
11.	Any punishment/ warning awarded, during the period under report				
12.	Whether working knowledge of Hindi and typing skills have been acquired	Test cleared	Not cleared	Not attended	
Date: Signature of the employee					

Part 2: Assessment of annual performance for Group B&C Officials to be filled in by the Reporting Officer.

Name of the employee				**PF No.**	
SN	**Attributes**	**Outstanding (80-100) (5 marks each)**	**Very good (60-79) (3 marks each)**	**Good (40-59) (2 marks each)**	**Poor (Below 40) (1 mark each)**
		(a)	**(b)**	**(c)**	**(d)**
1.	Quality of output				
2.	Domain of knowledge				
3.	Analytical ability				
4.	Communication Skills				
5.	Initiative & Innovation				
6.	Attitude to work				
7.	Ability to inspire and motivate				
8.	Supervisory ability				
9.	Interpersonal relations and teamwork				
10.	Aptitude and potential				
11.	State of health				
12.	Regularity and punctuality				
13.	Proficiency and accuracy				
14.	Intelligence, keenness & industry				
15.	Trustworthiness				
16.	Suitability for the work assigned				
17.	Information and communication technology skills				
18.	Discipline				
19.	Multi-tasking capability				
20.	Emotional quotient				
Sub/ Column Total:					
Grand total (a)+(b)+(c)+(d)			**Overall Rating:**		
Average Grading Point*					

Minimum benchmark for MACP and confirmation of probation is "Very Good"

***Average Grading Points:** (a) APARs graded between 80-100 will be given a score of 9 (b) APARs graded between 60-79 will be given a score of 7 (c) APARs graded between 40-59 will be given a score of 5 (d) APARs graded below 40 will be given a score of zero.

Date: **Signature of the Reporting Officer**

Part 3: Special observations by the Reporting Officer:

Name of the Official		**PF No.**
1.	Length of service under the Reporting officer	
2.	Please comment on: (a) integrity	
	(b) state of health of the employee	
3.	Any special remarks on the positive contributions by the employee and on the self-appraisal submitted	
4.	Any adverse remarks on the negative performance of the employee	
5.	In case of any adverse remarks please indicate whether he/she was informed verbally or in writing during the period under report and enclose the correspondence, if any	
6.	Signature of the Reporting Officer	
7.	Name of the Reporting Officer	
8.	Designation	
9.	Seal	
10.	Date	

Part 4 : Observations and acceptance remarks by the Counter Signing /Reviewing Authority(s)/Accepting Authority:

Name of the employee:			**PF No.**
1.	Length of service under the Reviewing Officer		
2.	Remarks of Reviewing Officer on the judgment and fairness of the Reporting officer in general		
3.	Whether the Reporting officer is unbiased towards SC/ST/OBC/physically handicapped employees reported upon		
4.	Overall grading awarded in case of any variance with the grading awarded by the Reporting Officer with comments/ reasons		
5.	Signature of the Reviewing Officer		
6.	Name of the Reviewing Officer		
7.	Designation		
8.	Seal and Date		

*If the Reporting Officer is in the same AGP/GP/Rank of the Counter Signing/ Reviewing Authority, then the next in order shall be treated as Counter Signing Authority. If the Counter Signing Authority / Reviewing Authority is in higher AGP/GP/rank, then it shall be treated as 'reviewing Authority', as the case may be.

Part 5 : Follow up action By Registrar's Office for non-teaching staff.

1.	Adverse remarks, if any, were communicated to the employee on	
2.	Brief particulars of final decision taken on the representation received, if any	
3.	Signature of the self-visit of the employee after disclosure of APARs	
4.	Signature of the officer responsible for APAR Dossier	
5.	Name	
6.	Designation, Seal & Date	