

**Group-A Officers**

**Annual Performance Assessment Report (APAR)- Financial Year Basis**  
 (Strikeout which is not applicable-To be type written only)

| 1 | Annual | From | To |
|---|--------|------|----|
|   |        |      |    |

**Part 1: Personal Data and self-appraisal (To be type-written on computer system)**

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.                                                                                                                                                                                                                              | Name                                                                                                                                                                                             |  |
| 2.                                                                                                                                                                                                                              | Designation                                                                                                                                                                                      |  |
| 3.                                                                                                                                                                                                                              | PF No                                                                                                                                                                                            |  |
| 4.                                                                                                                                                                                                                              | Pay Level                                                                                                                                                                                        |  |
| 5.                                                                                                                                                                                                                              | Date of Birth                                                                                                                                                                                    |  |
| 6.                                                                                                                                                                                                                              | Present assignment since when and major responsibilities                                                                                                                                         |  |
| 7.                                                                                                                                                                                                                              | Degrees obtained and training courses attended                                                                                                                                                   |  |
| 8.                                                                                                                                                                                                                              | Have you submitted the Annual Immovable Property Returns of the year ending just preceding the APAR period? (for example, for APAR period 2020-21, the IPR as on 31.12.2020 should be submitted) |  |
| 9.                                                                                                                                                                                                                              | Any punishment/warning awarded, during the period under report                                                                                                                                   |  |
| 10.                                                                                                                                                                                                                             | <u>Self-appraisal report (In not more than 300 words)-to be submitted by April 15</u>                                                                                                            |  |
| Declaration: I understand that the window for viewing the APAR and submission of any representation is from July 01-15 every year, which may not be separately communicated by the APAR Cell, unless adverse remarks are there. |                                                                                                                                                                                                  |  |
| Date: <span style="float: right;">Signature of the Officer</span>                                                                                                                                                               |                                                                                                                                                                                                  |  |

**Part 2: Assessment of annual performance for Group A Officers to be filled in by the Reporting Officer and submitted before May 31.**

| Name of the employee        |                                                                                                          |                                           |                                        |                                   | PF No.                              |
|-----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|-----------------------------------|-------------------------------------|
| Sl. No.                     | Attributes                                                                                               | Outstanding<br>(80-100)<br>(5 marks each) | Very good<br>(60-79)<br>(3 marks each) | Good<br>(40-59)<br>(2 marks each) | Poor<br>(Below 40)<br>(1 mark each) |
|                             |                                                                                                          | (a)                                       | (b)                                    | (c)                               | (d)                                 |
| 1.                          | Accomplishment of planned work / work allotted as per subject allotted                                   |                                           |                                        |                                   |                                     |
| 2.                          | Quality of output                                                                                        |                                           |                                        |                                   |                                     |
| 3.                          | Analytical ability                                                                                       |                                           |                                        |                                   |                                     |
| 4.                          | Accomplishment of exceptional work / unforeseen tasks performed                                          |                                           |                                        |                                   |                                     |
| 5.                          | Attitude to work                                                                                         |                                           |                                        |                                   |                                     |
| 6.                          | Sense of responsibility                                                                                  |                                           |                                        |                                   |                                     |
| 7.                          | Maintenance of Discipline                                                                                |                                           |                                        |                                   |                                     |
| 8.                          | Communication Skills                                                                                     |                                           |                                        |                                   |                                     |
| 9.                          | Leadership qualities                                                                                     |                                           |                                        |                                   |                                     |
| 10.                         | Capacity to work in team spirit                                                                          |                                           |                                        |                                   |                                     |
| 11.                         | Capacity to work in time-limit                                                                           |                                           |                                        |                                   |                                     |
| 12.                         | Interpersonal relations                                                                                  |                                           |                                        |                                   |                                     |
| 13.                         | Knowledge of Rules / regulations/ procedures in the area of function and ability to apply them correctly |                                           |                                        |                                   |                                     |
| 14.                         | Strategic planning ability                                                                               |                                           |                                        |                                   |                                     |
| 15.                         | Decision- making ability                                                                                 |                                           |                                        |                                   |                                     |
| 16.                         | Co-ordination ability                                                                                    |                                           |                                        |                                   |                                     |
| 17.                         | Ability to motivate and develop subordinates                                                             |                                           |                                        |                                   |                                     |
| 18.                         | Information & Communication Technology Skills                                                            |                                           |                                        |                                   |                                     |
| 19.                         | Initiative & Innovation                                                                                  |                                           |                                        |                                   |                                     |
| 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 (by May 31):**

| Name of the Officer |                                                                                                                                                                         | PF No. |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.                  | Length of service under the Reporting officer                                                                                                                           |        |
| 2.                  | Please comment on:<br>(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 (by June 30):**

| Name of the Officer: |                                                                                                                          | PF No.                                                                                                            |                     |
|----------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|
| Sl. No.              | Item description                                                                                                         | Counter Signing / Reviewing Authority (*)                                                                         | Accepting Authority |
|                      |                                                                                                                          | Registrar (Ministerial/ technical staff and others) / DOFA (Non-teaching Academic staff)/ DORD (Scientific staff) | Director            |
| 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.                   | 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 to be completed before July 31.**

|    |                                                                                  |  |
|----|----------------------------------------------------------------------------------|--|
| 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                                                         |  |