

Form of Annual Performance Appraisal Report

Report for the year/Period Ending 2007-08

PART-I

Personal Data

(To be filled by the Section/Department/Office concerned of the University)

1. Name of Official
2. Designation
3. Department / Section
4. Whether the Official belongs to Scheduled Caste/Scheduled Tribe
5. Date of Birth
6. Date of Continuous appointment to the present post
7. Period of absence from duty (on leave, training etc.), during the year. If he/she undergone training specify

PART-II

SELF APPRAISAL

(To be filled by the official Reported upon)

(Please read carefully the instructions given at the end of the form before filling the entries)

1. Brief description of the duties

2. Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself or that were set for you, eight or ten items of work in the order of priority and your achievements against each target.

Targets/Objectives/Goals

Achievements

2B. Please state briefly the target set and quantum of work done in regard to recording, indexing and weeding out of files, maintenance of files, Sectional Note Book and other registers, furnishing of O&M and other returns etc.

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

3B. Please also indicate items in which there have been significantly, higher achievements and your contribution thereto.

3C. Any significant additional achievements apart from those mentioned in Column2.

3d. Training programme attended.

Signature of the Officer reported upon

Full Name

Designation.....

Date.....

PART-III (To be filled in by Reporting Officer)

1. Please state whether you agree with the self-appraisal of the Officer reported upon an mentioned in Part-II. If not, please furnish the factual details.

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2. Assessment of work output

Numerical grading is to be assigned by Reporting and Reviewing Authorities on a scale of 1-10(One-Ten), where 1 refers to the lowest and 10 to the highest grade. **Weightage to this Section would be 40 percent.**

Sl.No.	Items	Reporting Authority	Reviewing Authority (Refer para 2 of Part-IV)	Initial Reviewing Authority	of
(i)	Accomplishment of planned work/work allotted as per subject allotted.				
(ii)	Quality of output				
(iii)	Analytical ability				
(iv)	Accomplishment of exceptional work/unforeseen tasks performed.				
(v)	Overall Grading on 'Work Output'				

3. Assessment of personal attributes

Numerical grading is to be assigned by Reporting and Reviewing Authorities on a scale of 1-10(One-Ten), where 1 refers to the lowest and 10 to the highest grade. **Weightage to this Section would be 30 percent.**

Sl.No.	Items	Reporting Authority	Reviewing Authority (Refer para 2 of Part-IV)	Initial Reviewing Authority of
(i)	Attitude of 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 adhere to time-schedule			
(viii)	Inter-personal relations			
(ix)	Overall bearing and personality			
(x)	Overall Grading on 'Personal Attributes'			

4. Assessment of functional competency

Numerical grading is to be assigned by Reporting and Reviewing Authorities on a scale of 1-10(One-Ten), where 1 refers to the lowest and 10 to the highest grade. **Weightage to this Section would be 30 percent.**

Sl.No.	Items	Reporting Authority	Reviewing Authority (Refer para 2 of Part-IV)	Initial Reviewing Authority of
(i)	Knowledge of Rules/Regulations/Procedures in the area of function and ability to apply them correctly.			
(ii)	Strategic planning ability			
(iii)	Decision making ability			
(iv)	Coordination ability			
(v)	Ability to motivate and develop subordinates			
(vi)	Initiative			
(vii)	Overall Grading on 'Functional Competency'			

5. Attitude towards Scheduled Caste/Scheduled Tribe/Weaker Sections of Society(Please comment on his/her understanding of the problems of Scheduled Caste/Scheduled Tribe/Weaker Sections and willingness to deal with them)

6. Attitude & Potential:

(Please indicate three file work from amongst the following for possible specialization and career development of the officer. Please mark 1,2,3 in the three appropriate boxes)

- | | |
|---|---------|
| (i). Analytical Ability | () |
| (ii). Communication Skill | () |
| (iii). Initiate | () |
| (iv). Attitude to work | () |
| (v). Ability to inspire and motivate | () |
| (vi). Supervisory Ability | () |
| (vii). Inter-personal relationship and team-work | () |
| (viii). Personal Administration and Office Management | () |
| (ix). Account Function | () |
| (x). Computerization | () |
| (xi). Any other fields | () |

7. Training

(Please give recommendations for training with a view to further improving the effectiveness and capability of the officer)

8. Attitude towards environment

(a)Please comment on his/her relations with the higher authorities and ability to elicit co-operation from the sub-ordinates.

(b) Please comment on his/her attitude towards redressal of grievances relating to office work.

9. State of health:

10. Integrity:
(Please see note below the instruction)

11. Pen picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

12. Overall numerical grading on the basis of weightage in para 2,3 and 4 in Part-III of the Report.

Signature of the Reporting Officer

Place.....

Name in Block Letters.....

Date.....

During the period of Report.....

PART-IV REMARKS OF THE REVIEWING OFFICER

1. Length of service under the Reviewing Officer

2. Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-III? 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 Part-III and initial you entries.

Yes, I agree.	No, I do not agree. I have recorded my assessments in Part-III
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(Please strike out whichever is not applicable)

3. In case of difference of opinion, please give details and reasons for the same.

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4. Comments, if any, on the Pen picture written by the Reporting Officer.

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5. Overall numerical grading on the basis of weightage given in Para 2, 3 and 4 in the Part-III of the Report.

Signature of the Reporting Officer

Place.....

Name in Block Letters.....

Date.....

During the period of Report.....

स्टाफ कार ड्राइवर के लिए वार्षिक कार्यनिष्पादन मूल्यांकन प्रतिवेदन
Annual Performance Appraisal Report for STAFF CAR DRIVER

वर्ष/समाप्त अवधि _____
For the Year/Period Ending.....

1. पूरा नाम
Name in Full
2. जन्म-तिथि
Date of Birth
3. वर्तमान पद पर अनवरत नियुक्ति की तारीख
Date of continuous appointment to the present post:
4. स्थायी/स्थायीवत/अस्थायी
Whether permanent/quasi-permanent/temporary
5. शैक्षिक एवं तकनीकी योग्यता
Educational & Technical Qualifications
6. निम्नलिखित पर टिप्पणियां
Observations on:
 - (i) बुद्धि
Intelligence
 - (ii) कर्मठता तथा विश्वसनीयता
Energy and reliability
 - (iii) यथासमय उपस्थिति
Punctuality in attendance
 - (iv) व्यवहार /Behaviour
क्या वह स्टाफकार का प्रयोग करने वाले सभी व्यक्तियों के साथ यथोचित शिष्टाचार तथा अच्छे ढंग से पेश आता है?
Does he show proper courtesy and good manners towards all persons using staff car:
 - (v) अनुशासन प्रिय
Amenability to discipline
 - (vi) तकनीकी ज्ञान तथा योग्यता
Technical knowledge and ability
 - (vii) क्या वह वाहन को साफ तथा ठीक-ठीक रखता है?
Does he keep the vehicle clean and tidy?
 - (viii) क्या वह वाहन की छोटी-मोटी मरम्मत कर सकता है?
Is he capable of attending to petty repairs of the vehicles?
 - (ix) क्या वह लॉग बुक में समय पर समुचित इन्ट्रिज करवाता है?
Does he take timely action for getting proper entries made in the log book?

- (x) क्या वह पेट्रोल, लुब्रिकेटिंग ऑयल आदि का किफायत से इस्तेमाल करता है?
Is he economical in the use of petrol, lubricating oil, etc.?
- (xi) टैफिक विनियमों तथा अन्य कानूनों की जानकारी
Adherence to traffic regulations and every law:
- (xii) वर्ष में दुर्घटनाओं की संख्या, यदि कोई हो तो
Number of accidents if any in the year:
- | | |
|------------|------------|
| (क) बड़ी | (ख) छोटी |
| (a) Major: | (b) Minor: |
7. क्या उसने इस समीक्षा के दौरान विशेष प्रशंसा संबंधी कोई उत्कृष्ट कार्य किया है?
Has he been responsible for any outstanding work during the period Under review meriting special commendations? If so what?
8. क्या उसे गलत काम के लिए अथवा किसी अन्य कारण से डांटा गया है? यदि हां, तो, संक्षिप्त विवरण दें।
Has he ever been reprimanded for indifferent work or for other causes. If so, brief particulars may be given.
9. सत्यनिष्ठा का मूल्यांकन (यदि कोई प्रतिकूल बात आपके सामने आई हो तो कृपया उसे भी दर्शाएं)
Assessment of integrity (If anything adverse has come to your notice please specify it also)
10. सामान्य अभियुक्तियां
General remarks:

रिपोर्ट लिखने वाले अधिकारी के हस्ताक्षर
Signature of the Reporting Officer

नाम (बड़े अक्षरों में)
Name in Block Letters:

पदनाम
Designation:

दिनांक
Date:

पुनर्विलोकन अधिकारी की टिप्पणी
Remarks of the Reviewing Officer

पुनर्विलोकन अधिकारी के हस्ताक्षर
Signature of the Reviewing Officer

नाम (बड़े अक्षरों में)
Name in Block Letters:

पदनाम
Designation:

दिनांक / Date:

Annual Performance Appraisal Report for **Kitchen Attendant**

For the Year/Period Ending

1. Name in Full:
2. Date of Birth:
3. Date of continuous appointment to the present post:
4. Educational & Technical Qualifications:
5. Observations on:
 - i) Intelligence:
 - ii) Energy and reliability:
 - iii) Punctuality in attendance:
 - iv) Behaviour : Does he show proper courtesy and good manners towards colleagues towards Guests/Outsiders:
 - v) Amenability to discipline:
 - vi) Knowledge and ability to operate Kitchen equipments :

6. Has he been responsible for any outstanding work during the period Under review meriting special commendation? If so what?
7. Assessment of integrity (If anything adverse has come to your notice please specify it also) :
8. General remarks :

Signature of the Reporting Officer :

Name in Block Letters:

Designation:

Date:

Remarks of the Reviewing Officer

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

Date:

Annual Performance Appraisal Report for **Lab Attendant**

For the Year/Period Ending

1. Name in Full:
2. Date of Birth:
3. Date of continuous appointment to the present post:
4. Educational & Technical Qualifications:
5. Observations on:
 - i) Intelligence:
 - ii) Energy and reliability:
 - iii) Punctuality in attendance:
 - iv) Behaviour : Does he show proper courtesy and good manners towards colleagues towards Guests/Outsiders:
 - v) Amenability to discipline:
 - vi) Knowledge and ability to operate Lab equipments:

6. Has he been responsible for any outstanding work during the period Under review meriting special commendation? If so what?
7. Assessment of integrity (If anything adverse has come to your notice please specify it also) :
8. General remarks :

Signature of the Reporting Officer :

Name in Block Letters:

Designation:

Date:

Remarks of the Reviewing Officer

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

Date:

Annual Performance Appraisal Report for **Office Attendant**

For the Year/Period Ending

1. Name in Full:
2. Date of Birth:
3. Date of continuous appointment to the present post:
4. Educational & Technical Qualifications:
5. Observations on:
 - i) Intelligence:
 - ii) Energy and reliability:
 - iii) Punctuality in attendance:
 - iv) Behaviour : Does he show proper courtesy and good manners towards colleagues towards Guests/Outsiders:
 - v) Amenability to discipline:
 - vi) Knowledge and ability to operate office auto-machine:
 - a. Telephone
 - b. Fax
 - c. Photocopy (Xerox)
 - d. Computer
 - e. Others

6. Has he been responsible for any outstanding work during the period Under review meriting special commendation? If so what?
7. Assessment of integrity (If anything adverse has come to your notice please specify it also) :
8. General remarks :

Signature of the Reporting Officer:

Name in Block Letters:

Designation:

Date:

Remarks of the Reviewing Officer

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

Date: