

Annual Performance Review (APR) Report as on 31-03-20...

APR FORM – (Budgetary)

BRIEF GUIDELINES

FOR APPRAISEE:

- Write your name on all the pages of APR form.
- Mention the details of Reporting/Reviewing Authority with their names & designations.
- Please note that Reporting Authority should be minimum one Scale higher than the Appraisee & Reviewing Authority should be minimum one Scale higher than the Reporting Authority. Accepting authority should be one grade above the reviewing Authority
- Details given in Bio-Data portion viz. Qualification, Previous Assignments, Training attended, Training Needs etc. should be complete in all respect.
- Questionnaire on Page-3 is one's view point on self appraisal. Do not leave it blank. Attach extra sheet if required.
- For Branch Managers, figures entered in Business Dimensions' sheet should be as per actuals.
- After filling all the details sign at places marked for the appraisee.
- Submit APR form to concerned reporting authority & keep the Acknowledgment copy for record.
- **Each Appraisee is required to submit his/her completed form to Reporting Authority within 15 days from the close of period of review, i.e latest by 15th April.**

FOR REPORTING / REVIEWING / ACCEPTING AUTHORITY

- Give comments against all the parameters defined in APR form and award marks accordingly. Marks should be awarded out of max. marks only as allotted for each attribute. No alteration in max. marks is allowed.
- Take utmost care while awarding the marks. In case of error, arithmetical total will be taken into account. Overwriting made, if any, must be duly authenticated.
- Column against Potentiality, Training Needs etc. on the summary page should not be left blank.
- Signature at all the relevant places is a must.
- In case appraisee is rated "Below Average" then follow the instructions given for the Reporting/Reviewing/ Accepting authority in Form A.
- Forward the APR/Acknowledgement to concerned authority/office well before the last date as declared in the circular.
- Reporting Authority to complete the reporting within 30 days from the close of the period of review, i.e latest by 30th of April.
- Reviewing authority to complete the review within 45 days from the close of the period of review, i.e latest by 15th of May & Accepting Authority by 30th May.
- Any correction to the marks/overwriting should be duly authenticated with full signature by the Reporting / Reviewing /Accepting authorities.

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ACKNOWLEDGEMENT

To:
The Asst General Manager / Chief Manager
HRM Department

I have received A.P.R Form for year ended 31.03.20 from Mr /Ms.
_____ Roll No. _____ and have
forwarded it to Mr /Ms. _____ presently working
at _____ Branch / Office, for completing the Reporting/
Reviewing part.

Signature _____
Name _____
Roll No. _____
Designation _____

Date _____ Branch/Office _____
..... Cut here

ACKNOWLEDGMENT

(To be handed over to Appraisee)

I have received A.P.R Form for year ended 31.03.20 from Mr / Ms.
_____ Roll No. _____ and have
forwarded it to Mr /Ms. _____ presently working at
_____ Branch / Office, for completing the Reporting / Reviewing part.

Signature _____
Name _____
Roll No. _____
Designation _____

Date _____ Branch/Office _____

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FORM - 'A'

**ANNUAL PERFORMANCE REVIEW FORM **
(Budgetary)**

** FOR EXECUTIVES BELOW GENERAL MANAGER ,REGIONAL MANAGERS,
BRANCH MANAGERS AND CHAIRMEN OF RRBs

(To be filled in by the Appraisee)

NAME OF APPRAISEE : _____

(Surname First)

ROLL NO. : _____ SCALE: _____ DESIGNATION: _____

BRANCH/DEPARTMENT: _____ REGION/OFFICE: _____

INSTRUCTIONS FOR APPRAISEE

- i. **Appraisee** to fill in his/her name on all the pages of APR form. Details given in Bio-data to be filled in accurately along with his/her signature.
- ii. Particulars on page no-4 to be filled in by the **Appraisee** and rated by the Reporting Authority.

NAME OF **REPORTING AUTHORITY**: _____

SCALE: _____ DESIGNATION: _____

BRANCH/DEPARTMENT: _____ REGION/OFFICE: _____

NAME OF **REVIEWING AUTHORITY**: _____

SCALE: _____ DESIGNATION: _____

BRANCH/DEPARTMENT: _____ REGION/OFFICE: _____

NAME OF **ACCEPTING AUTHORITY**: _____

SCALE: _____ DESIGNATION: _____

BRANCH/DEPARTMENT: _____ REGION/OFFICE: _____

INSTRUCTIONS FOR REPORTING/REVIEWING/ACCEPTING AUTHORITY

- i. The **Reporting Authority** to give comments against all parameters and award marks on relevant pages.
- ii. The **Reviewing Authority** to award marks and give comments and training needs along with his signature on page-7 & page-8.
- iii. The **Accepting Authority** to award marks and give comments along with his signature on page-8.
- iv. Marks should be awarded out of max. marks allotted for each attribute. **No alteration in max. marks is permitted.**
- v. **Please ensure that Total Marks tally.** In case of error in total, arithmetical total will be taken as correct.
- vi. **No overwriting in marks be done..** In case of changes in marks, the same should be cut by two horizontal parallel lines and marks to be written afresh with signature of the concerned authority.
- vii. If an officer is rated "**Below Average**" (i.e. Total Marks less than 40) by either Reporting or Reviewing Authority or by both, the appraisee to be advised by the concerned Authority in writing about his shortcomings in this regard so that he gets an opportunity to improve. Copy of the letter to be attached to the APR form and submitted to HRD Dept., HO.

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BIO-DATA

(To be filled in by Appraisee)

Report as on 31-03-20 .

(A) PERSONAL DATA :

Name _____ **Roll No.:** _____
(Surname First)

Region _____ Branch/Dept. _____

Date of Birth _____ Age: _____ Years: _____ Months: _____

Present Designation _____ Scale _____ Since _____

Educational Qualification _____

Position regarding JALIB/CAIB _____

Professional Qualification, if any _____

Current Assignment _____ Since _____

Joined the bank on _____ as _____

Working under the reporting official since _____

Status - SC / ST / OBC / GEN / EXSM / PH _____

Status of disciplinary action initiated _____
during the period under review/pending,
if any: _____

(B) PROMOTION DETAILS:

| Sr. | From Cadre/Scale | To Cadre/Scale | Date of effect |
|-----|------------------|----------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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C) (i) PREVIOUS ASSIGNMENTS COVERING PRECEDING 5 YEARS :

| Sr. | Position | Scale | Br./Office | Duration (From - To) | |
|-----|----------|-------|------------|----------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

(ii) OTHER IMPORTANT ASSIGNMENTS HELD PRIOR TO THE ABOVE:

| Sr. | Position | Grade | Br./Office | Duration (from - to) |
|-----|----------|-------|------------|----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

(D) MAJOR TRAINING PROGRAMMES ATTENDED SO FAR :
(Seminar/Workshop not to be included)

| Sr. | Subject | Institute | Duration(from - to) |
|-----|---------|-----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

(E) TRAINING NEEDS FOR NEXT YEAR:

(a)_____ (b)_____

(F) MAJOR HEALTH PROBLEM, IF ANY:

a)

b)

(G) LEAVE POSITION AS ON 31st March, 20__.

P.L._____ S.L._____ Sp.S.L. _____

Date : _____

Signature of Appraisee

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SELF APPRAISAL

(To be filled in by appraisee - Not More than 2 pages)

Name of the Officer: _____

- 1) Highlights of my performance during the year are as under:
- 2) Areas in which I feel I have not done well are as under:
- 3) Constraints faced:
- 4) What according to me would enable me to perform better:
- 5) Outstanding achievements during the year under review, in addition to regular/routine assignments:
- 6) Any outstanding performance outside the Bank (Assigned by the Bank):
- 7) Contribution in implementation of Official Language Policy, i.e., Hindi
- 8) Details of my participation in strike/agitation called by Union/Association during the period under review.
- 9) Suggestions, if any, for further growth & development of branch/Bank.

Date:_____

Signature of the Appraisee

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BUSINESS DIMENSIONS

(To be filled by Appraisee & rated by Appraiser)

Business goals & Key responsibility areas:

Name of the Officer: _____

| Sr | FACTORS | Actual Previous Year | Target Year ended 31/3/20.. | | Achievement Year ended 31/3/20.. | | % Variation over Prev. year | Max. Marks | Marks Awarded | |
|--|--|----------------------|-----------------------------|--------------|----------------------------------|--------------|-----------------------------|------------|---------------|--|
| | | Amt. In lacs | No.of A/cs. | Amt. in lacs | No.of A/cs. | Amt. in lacs | | | | |
| 1 | RESOURCE MOBILISATION: | | | | | | | | | |
| | Savings A/cs. | | | | | | | 5 | | |
| | Current A/cs. | | | | | | | | | |
| | Term Deposits | | | | | | | 3 | | |
| | Achievement in Financial Inclusion | | | | | | | | | |
| | No.of KCC&GCC issued | | | | | | | 4 | | |
| | No. of household covered | | | | | | | | | |
| 2 | DEPLOYMENT OF FUNDS: | | | | | | | | | |
| | New Credit proposals sanctioned | | | | | | | 10 | | |
| | Total Advances | | | | | | | | | |
| | Priority Sector Adv. | | | | | | | | | |
| | Of which: | | | | | | | | | |
| | - Agriculture | | | | | | | | | |
| | - SME | | | | | | | | | |
| | CGS covered under SME | | | | | | | | | |
| | - Other P.S. | | | | | | | | | |
| | Achievement of target under advances to SC/ST/Weaker Sections of society | | | | | | | | | |
| Formation of Farmers' Club (no. to be mentioned) | | | | | | | | | | |
| 3 | RETAIL LENDING | | | | | | | 5 | | |
| 4 | THIRD PARTY PRODUCTS | | | | | | | | | |
| | a. Insurance | | | | | | | 5 | | |
| | b. Mutual Funds | | | | | | | | | |
| | c. Govt. Business | | | | | | | | | |
| 5 | NPA MANAGEMENT (#) | (Amt.) | (Amt.) | | (Amt.) | | (Amt.) | | | |
| a. | NPA | | | | | | | 10 | | |
| | Total Recovery | | | | | | | | | |
| | Of which, Cash Recovery | | | | | | | | | |
| | Upgradation of A/cs. | | | | | | | | | |
| | Recovery in Written Off A/cs. | | | | | | | | | |

trf to asset recovery branch or sale of asset/technical write off should not be part of the recovery figure

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BUSINESS DIMENSIONS

(To be filled by Appraisee & rated by Appraiser)

Business Goals & Key Responsibility Areas:

Name of the Officer : _____

| Sr | FACTORS | Target as on 31/3/20 | Position as on 31/3/20 | Achieve ment | Max. Marks | Marks Awar -ded |
|--|---|-------------------------|---------------------------|-----------------|---------------|-----------------------|
| | | Amt. in lacs | Amt. in lacs | | | |
| 6 | INCOME GENERATION: | | | | | |
| a. | Interest Income | | | | 5 | |
| b. | Non-Interest Income | | | | | |
| 7 | EXPENSES MANAGEMENT: | | | | | |
| a. | Int.paid on Deposits | | | | 5 | |
| b. | Int.paid on HO Balances | | | | | |
| c. | Staff Expenses | | | | | |
| d. | Other Operating Expenses | | | | | |
| 8 | | | | | | |
| a. | Profit / Loss | | | | 5 | |
| b. | Business per Employee | | | | | |
| 9 | REVIEW OF CREDIT FACILITIES: | | | | | |
| | Position of Review of overdue proposals as of 31/3/11 : | | | | | |
| | - Total no. of proposals | | : | | 3 | |
| | - No. of proposals reviewed | | : | | | |
| | - No. of proposals pending for review | | : | | | |
| TOTAL MARKS (To be carried over to PAGE-7) | | | | | 60 | |

Signature of the Appraisee

Signature of the Reporting Authority

Date: _____

Date: _____

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QUALITATIVE ASPECTS OF BUSINESS

Name of the Officer: _____

| Sr. No | Qualitative Aspects | Comments of Reporting Authority | Max. Marks | Marks Awarded by Reporting Authority |
|---|--|---------------------------------|------------|--------------------------------------|
| 1 | <u>House Keeping:</u> Reconciliation of G.L. Heads, Balancing of Books & reduction in Other Assets/KYC compliance | | 2 | |
| 2 | <u>Inspection & Audit:</u> Audit Rating of the Branch. Whether Audit Rating was upgraded / downgraded / stagnant. <u>Compliance of Inspection Reports:</u> (Whether compliance submitted before stipulated time/on time according to norms. Give adverse remarks if compliances are given beyond stipulated time/with undue delay.) | | 2 | |
| | A. Internal Inspection/ Concurrent Audit | | | |
| | B. Revenue Audit | | | |
| | C. RBI Inspection/LFAR | | | |
| | D. Computer Audit | | | |
| 3 | <u>Submission of periodical Returns</u> | | 2 | |
| 4 | <u>Customer Service:</u> a. Overall level of customer satisfaction & response to customer grievances. b. No. complaints recd. c. No. complaints pending beyond 15 days. | | 2 | |
| 5 | <u>Branch/Office Premises:</u> a. Cleanliness/Maintenance of Premises/Lease of Premises b. Responsiveness to various IT initiatives & Compliance | | 2 | |
| 6 | Attitude towards SC/ST/ Weaker Sections of Society | Good / Average / Poor | | |
| 7 | Aptitude for Poverty Alleviation Programmes | Good / Average / Poor | | |
| TOTAL MARKS (To be carried over to PAGE-7) | | | 10 | |

Date: _____

Signature of the Reporting Authority

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MANAGERIAL DIMENSIONS

Name of the Officer: _____

| Sr. No | ATTRIBUTES | COMMENTS OF REPORTING AUTHORITY | MAX. MARKS | MARKS AWARDED |
|--------|--|---------------------------------|------------|---------------|
| 1 | <u>Job Knowledge</u> Knowledge of rules/ regulations/ guidelines/ policies, conceptual abilities, etc. as reflected in communication with higher authorities/RO/HO | | 3 | |
| | Any serious irregularities in Inspection Reports to reflect on inadequacy of job knowledge | | | |
| | Knowledge about market environment has been used for business growth | | | |
| 2 | <u>Leadership</u> Development of team spirit & achievement of business goals as a team | | 3 | |
| | Delegation of responsibilities for developing employees | | | |
| | Setting standard of performance for staff to follow | | | |
| | Stimulates top performance/ Capacity to lead in crisis situations successfully | | | |
| | Integrity and Honesty/ Emotional Strength | | 2 | |
| 3 | <u>Decision Making</u> Quality of business decisions as reflected in profitability & health of a/cs | | 5 | |
| | Quickness in business decisions/ Flexibility of mind. | | | |
| | Prudence of decision making in dealing with difficult business situations without dependence on superiors for constant guidance | | | |
| | Consistency in business decisions | | | |
| 4 | <u>Administrative Skill</u> Proper deployment and utilisation of manpower | | 3 | |
| | Enforcing discipline in staff administration - Attendance, Punctuality, etc. | | | |
| | Adherence to Rules and Regulations relating to staff | | | |
| | Handling of Grievances and IR issues | | | |
| | APR Report Submission - Objective review of employee performance | | | |
| | Responsiveness to various IT initiatives | | | |

Contd...

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MANAGERIAL DIMENSIONS

Name of the Officer: _____

| Sr. No. | ATTRIBUTES | COMMENTS OF REPORTING AUTHORITY | MAX. MARKS | MARKS AWARDED |
|---|--|---------------------------------|------------|---------------|
| 5 | <u>Public Relations and Marketing</u> Ability to market bank's products as reflected in the increase business | | 5 | |
| 6 | <u>Responsiveness to Corporate concerns</u> Adapting to change in Corporate Business Policies | | 3 | |
| | Re-organising resources to respond to Corporate concerns (to be correlated with business data) | | | |
| | Disseminating Corporate Business Policies and concern to all staff | | | |
| 7 | <u>Willingness to assume responsibilities</u> Exercising discretionary/ lending powers as delegated by the Bank without referring to RO/HO | | 3 | |
| | Effective in supervision and coordination for achieving business goals without shirking responsibility | | | |
| 8 | <u>Communication Skills</u> Clarity in communication as reflected in day to day communication with higher authorities/RO/HO | | 3 | |
| | Effectiveness in communication with staff members/customers for better performance | | | |
| | Commendable work done in Rajbhasha (Hindi) | | | |
| TOTAL MARKS (To be carried over to PAGE-7) | | | 30 | |

Date : _____

Signature of the Reporting Authority

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OVERALL ASSESSMENT OF PERFORMANCE

Name of the Officer: _____

| | Max. Marks | By Reporting Authority | By Reviewing Authority |
|--|---------------|---------------------------|---------------------------|
| BUSINESS DIMENSIONS (Refer Page no.-4) | 60 | | |
| QUALITATIVE ASPECTS OF BUSINESS (Refer Page no.-5) | 10 | | |
| MANAGERIAL DIMENSIONS (Refer Page no.-6) | 40 | | |
| TOTAL MARKS | 100 | | |

| FINAL RATING TO BE TICK MARKED (✓) | | | By Reporting Authority | By Reviewing Authority |
|---|---------------|------------|------------------------|------------------------|
| A | OUTSTANDING | (90 - 100) | | |
| B | VERY GOOD | (75-89) | | |
| C | GOOD | (60 - 74) | | |
| D | AVERAGE | (40 - 59) | | |
| E | BELOW AVERAGE | (BELOW 40) | | |

Signature of Reporting Authority

Signature of Reviewing Authority

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APPRAISAL BY REPORTING / REVIEWING /ACCEPTING AUTHORITY

Name of the Officer : _____

Designation : _____ Grade/Scale : _____

Branch/Office : _____

Self Appraisal report received Yes / No

Self Appraisal report taken cognizance of Yes / No

Remarks by Reporting Authority /Reviewing Authority:

| Rating | Reporting Authority | Reviewing Authority |
|--|----------------------------|----------------------------|
| Business Performance / KRAs | | |
| Qualitative Aspects | | |
| Attributes based appraisal | | |
| General Comments | | |
| Comments on area of disagreement, if any | | |
| Potentiality | | |
| Training Needs | | |

Signature of Reporting Authority

Name: _____

Scale & Designation: _____

Date & Place : _____

Signature of Reviewing Authority

Name: _____

Scale & Designation_____

Date & Place : _____

| | |
|------------------------------------|--|
| Accepting Authority (Marks) | |
|------------------------------------|--|

Signature of Accepting Authority

Name: _____

Scale & Designation: _____

Date & Place: _____

(Note: - Any upgrading/downgrading of marks should be substantiated with reasons)