

# 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 15<sup>th</sup> 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 30<sup>th</sup> of April.
- Reviewing authority to complete the review within 45 days from the close of the period of review, i.e latest by 15<sup>th</sup> of May & Accepting Authority by 30<sup>th</sup> 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 \_\_\_\_\_

Annual Performance Review (APR)  
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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 JAIIB/CAIIB \_\_\_\_\_

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	<b>RESOURCE MOBILISATION:</b>										
	Savings A/cs.							5			
	Current A/cs.										
	Term Deposits							3			
	<b>Achievement in Financial Inclusion</b>										
	No. of KCC&GCC issued								4		
No. of household covered											
2	<b>DEPLOYMENT OF FUNDS:</b>										
	New Credit proposals sanctioned							10			
	Total Advances										
	Priority Sector Adv.										
	<b>Of which:</b>										
	- 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	<b>RETAIL LENDING</b>							5			
4	<b>THIRD PARTY PRODUCTS</b>										
	a. Insurance							5			
	b. Mutual Funds										
	c. Govt. Business										
5	<b>NPA MANAGEMENT (#)</b>		<b>(Amt.)</b>	<b>(Amt.)</b>	<b>(Amt.)</b>	<b>(Amt.)</b>					
	a.	NPA					10				
	b.	Total Recovery									
	c.	Of which, Cash Recovery									
	d.	Upgradation of A/cs.									
	e.	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			
<b>6</b>	<b>INCOME GENERATION:</b>					
a.	Interest Income				<b>5</b>	
b.	Non-Interest Income					
<b>7</b>	<b>EXPENSES MANAGEMENT:</b>					
a.	Int.paid on Deposits				<b>5</b>	
b.	Int.paid on HO Balances					
c.	Staff Expenses					
d.	Other Operating Expenses					
<b>8</b>						
a.	Profit / Loss				<b>5</b>	
b.	Business per Employee					
<b>9</b>	<b>REVIEW OF CREDIT FACILITIES:</b>					
Position of Review of overdue proposals as of 31/3/11 :						
	- Total no. of proposals		:		<b>3</b>	
	- No. of proposals reviewed		:			
	- No. of proposals pending for review		:			
<b>TOTAL MARKS (To be carried over to PAGE-7)</b>					<b>60</b>	

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

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	<b><u>Job Knowledge</u></b> 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	<b><u>Leadership</u></b> 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	<b><u>Decision Making</u></b> 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	<b><u>Administrative Skill</u></b> 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	<b><u>Public Relations and Marketing</u></b> Ability to market bank's products as reflected in the increase business		5	
6	<b><u>Responsiveness to Corporate concerns</u></b> 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	<b><u>Willingness to assume responsibilities</u></b> 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	<b><u>Communication Skills</u></b> 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)			
<b>TOTAL MARKS (To be carried over to PAGE-7)</b>			<b>30</b>	

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
<b>BUSINESS DIMENSIONS</b> (Refer Page no.-4)	60		
<b>QUALITATIVE ASPECTS OF BUSINESS</b> (Refer Page no.-5)	10		
<b>MANAGERIAL DIMENSIONS</b> (Refer Page no.-6)	40		
<b>TOTAL MARKS</b>	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

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

## 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: \_\_\_\_\_

Signature of Reviewing Authority  
Name: \_\_\_\_\_  
Scale & Designation \_\_\_\_\_

Date & Place : \_\_\_\_\_

Date & Place : \_\_\_\_\_

<b>Accepting Authority (Marks)</b>	
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Signature of Accepting Authority

Name: \_\_\_\_\_

Scale & Designation: \_\_\_\_\_

Date & Place: \_\_\_\_\_

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