



Indian Institute of Science Education and Research Bhopal

Annual Performance Assessment Report (APAR) /Quarterly Performance Assessment Report (Jan-Mar) (April-June) (July-Sept) (Oct-Dec)

for Group A employees (Non Teaching: Academic / Non-Academic)

1	Quarterly*		2	Annual		From	To

* For probationers upto 2 years after each level of selection.

Part 1: Personal Data and self appraisal (To be typewritten on computer system by the employee to be reported upon)

1.	Name		
2.	PFNo		Designation
3.	Pay Band		Grade Pay
4.	Date of Birth		
5.	Present assignment since		
6.	Academic and Professional degrees obtained		
7.	Training courses attended		
8.	Major Responsibilities/Duties being discharged		
9.	Have you enclosed a Annual self appraisal report on the activities and special achievements made and on the future planning.	Yes	No
10.	Have you submitted the Annual Immovable Property Returns		
11.	Any punishment/warning awarded, during the period under report		
12.	Any distinctions or awards received on special achievements		

Date:

Signature of the employee

Part 2: Assessment of quarterly / annual performance for Group A employees to be filled in by the Reporting Officer (Please tick [√] mark)

Name of the employee					PF No.	
SN	Attributes	Outstanding	Very good	Good	Satisfactory	Poor
1.	Self-discipline					
2.	Intelligence					
3.	Efficiency					
4.	Initiative					
5.	Innovation					
6.	Interpersonal skills					
7.	Cooperation					
8.	IT Skills					
9.	Domain knowledge					
10.	Devotion					
11.	Commitment					
12.	Decision making					
13.	Executive leadership qualities					
14.	General behaviour with colleagues and superiors					
15.	Fitness for promotion and higher responsibilities					
Overall Rating:						

1. MACP Scheme benchmarks: (a) Upto PB-I = 'fitness' (b) Upto GP-6600 = 'Good' (c) Upto GP-7600 and beyond = 'Very Good'

2. Minimum requirement for confirmation: Minimum satisfactory without any adverse remarks in quarterly reports. Should try to achieve minimum 'Good' eventually before confirmation.

Date:

Signature of the Reporting Officer

Part 3: Special observations by the Reporting Officer:

Name of the employee		PF No.
1.	Length of service under the Reporting Officer	
2.	Please comment on (a) integrity and (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.	
SN	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		
8.	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 maybe.

Part 5: Follow up action (By Registrar's Office / DOFA Office)

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 record keeping officer / administrative officer	
4.	Name	
5.	Designation	
6.	Seal	
7.	Date	

