



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 B and C Employees (Non-Teaching)

| | | | | | | | |
|----------|-------------------|--|----------|---------------|--|-------------|-----------|
| 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. | Category | SC | | ST | | OBC | | Gen | | PwD | | Others | |
| 6. | Date of initial appointment | | | | | | | | | | | | |
| 7. | Working in present Dept. w.e.f | | | | | | | | | | | | |
| 8. | Details of previous postings during the current period under report | Dept. | From | To | Name of the HOD | | | | | | | | |
| | | | | | | | | | | | | | |
| 9. | Nature of work assigned | | | | | | | | | | | | |
| 10. | Any achievement / notable work done (during the period under report) | | | | | | | | | | | | |
| 11. | Any punishment/warning awarded, during the period under report | | | | | | | | | | | | |
| 12. | Have you submitted the Annual Immovable Property Returns | Yes | | | | No | | | | | | | |
| | | | | | | | | | | | | | |
| 13. | Whether working knowledge of Hindi and typing skills have been acquired. | Test cleared | | Not cleared | | Not attended | | | | | | | |
| | | | | | | | | | | | | | |

Date:

Signature of the employee

Part 2: Assessment of quarterly / annual performance for Group B&C 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. | Punctuality | | | | | |
| 2. | Attendance | | | | | |
| 3. | Devotion | | | | | |
| 4. | Commitment | | | | | |
| 5. | Self-Discipline | | | | | |
| 6. | Intelligence | | | | | |
| 7. | Efficiency | | | | | |
| 8. | Initiative | | | | | |
| 9. | Innovation | | | | | |
| 10. | Interpersonal skills | | | | | |
| 11. | Cooperation | | | | | |
| 12. | Future growth potential | | | | | |
| 13. | Multi-tasking capabilities | | | | | |
| 14. | IT Skills | | | | | |
| 15. | Domain knowledge | | | | | |
| 16. | General behaviour with colleagues and Superiors | | | | | |
| Overall Rating: | | | | | | |

- MACP Scheme benchmarks: (a) Upto PB-I = 'fitness' (b) Upto GP-6600 = 'Good' (c) Upto GP-7600 and beyond = 'Very Good'
- 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 | |
| 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)*(HOD / Registrar / Dean):

| Name of the employee: | | PF No. |
|-----------------------|--|--------|
| 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. | Designation | |
| 8. | Seal | |
| 9. | 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 | |

