**ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR**

**MULTI TASKING STAFF**

Department/Office :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting for the year/period ending : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part-I – Personal Data**

(To be filled by the Administrative section of the Department/Office)

|  |  |  |
| --- | --- | --- |
| 1. | Name of the official |  |
| 2. | Designation/Post Held |  |
| 3. | Date of Birth (DD/MM/YYYY) |  |
| 4. | Whether the officer belongs to Scheduled Caste/Scheduled Tribes? |  |
| 5. | Date of continuous appointment to the present grade |  |
| 6. | Whether Permanent/Quasi-permanent or temporary |  |
| 7. | Section in which served during the year under report and period of service in each |  |
| 8. | Period of absence from duty on leave, training, etc., during the year |  |

**Part-II – Self Appraisal**

**(To be filled by the officer reported upon)**

1. Brief description of duties

|  |
| --- |
|  |

**Date : Signature of the Officer**

**PART III – Appraisal**

**(To be filled by the Administrative section of the Department/Office)**

1. State whether you agree with the submission of the officer filled out in Part-II. If not, the extent of disagreement and reasons therefore:

|  |
| --- |
|  |

2. Has the officer been reprimanded for indifferent work or for other cause during the period under report? If so give brief particulars:

|  |
| --- |
|  |

3. Attitude towards SC and ST:

|  |
| --- |
|  |

4,**Assessment of work output (on a scale of 1-10. Weightage to this section would be 40%)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No |  | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
| 1 | Accomplishment of work allotted |  |  |  |
| 2. | Quality of output |  |  |
|  | **Overall Grading on ‘Work Output’** |  |  |

5,**Assessment on Personal Attributes (on a scale of 1-10. Weightage to this section would be 30%**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. |  | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
| 1 | Attitude towards work |  |  |  |
| 2. | Regularity and punctuality in attendance |  |  |  |
| 3. | Maintenance of discipline |  |  |  |
| 4 | Communication skills |  |  |  |
| 5. | Temperament |  |  |  |
| 6. | Sense of responsibility |  |  |  |
| 7. | Capacity to work in time limit |  |  |  |
| 8. | Capacity to work in team spirit |  |  |  |
| 9. | Inter-personal relations |  |  |  |
|  | **Overall Grading on personal attributes** |  |  |  |

6.**Assessment of functional competency (on a scale of 1-10. Weightage to this section would be 30%**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.  No. |  | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
| 1 | Knowledge of organisational structure of relevant field |  |  |  |
| 2 | Coordination ability |  |  |
|  | **Overall Grading on functional competency** |  |  |

7. Comment on Integrity of the Officer :

|  |
| --- |
|  |

8. Pen Picture by Reporting Officer on overall qualities of the officer including areas of strength and lesser strength and his attitude towards weaker section:

|  |
| --- |
|  |

9. Overall Grade (9-10: Outstanding, 7-8: Very Good, 5-6: Good, 3-4: Average, 1-2: Poor)

|  |
| --- |
|  |

Signature of the Reporting Officer

Name in Block Letters :

Designation:

Date:

**Part IV – Remarks by Reviewing Officer**

1. Do you agree with the assessment of the officer given by the Reporting Officer?

|  |
| --- |
|  |

2. Overall Grade (9-10: Outstanding, 7-8: Very Good, 5-6: Good, 3-4: Average, 1-2: Poor)

|  |
| --- |
|  |

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

Date:

**Part V – Countersign/Remarks by Accepting Officer**

1. Do you agree with the assessment of the officer given by the Reporting and Reviewing Officer?

|  |
| --- |
|  |

2. Overall Grade (9-10: Outstanding, 7-8: Very Good, 5-6: Good, 3-4: Average, 1-2: Poor)

|  |
| --- |
|  |

Signature of the Accepting Officer

Name in Block Letters:

Designation:

Date: