ANNEXURE-II

All India Institute of Medical Sciences Bilaspur, H.P.

Annual Performance Assessment Report (APAR)

Report for the period from ………… to…………….

Name of Employee:

Date of Birth:

Employee ID:

Financial Year:

Reporting, Reviewing and Accepting Authorities:

Channel of Reporting	Name and Designation	Period covered in year
Reporting Authority		
Reviewing Authority		
Accepting Authority		

ANNUAL PERFORMANCE APPRAISAL REPORT

Report for year/period ending **April-**   to   **March-**

Personal Data

(To be filled by the officer reported upon)

1.1	Name of Employee	
1.2	Employee ID No:	
1.3	Present designation of employee	
1.4	Date of Joining in service	
1.5	Department/Section/Unit	
1.6	Date of Birth	
1.7	Date of continuous appointment to present grade:	
1.8	Present post and date of posting thereto	
1.9	Whether belong to SC/ST/OBC/PH Community?	

1.10.   **Details of Leave availed during the period of probation:**

S No.	Type of Leave	From	To	No. of days	Remarks by admin section
i.	Earned Leave				
ii.	Commuted Leave/ HPL				
iii.	EOL				
iv.	Training / other official Assignments				
v.	Any other				

If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.

Signature of the officer...................................

1.11   Education: (Formal degree/ diploma only)

Course	Subject / Discipline	University/ Institution	Year	Attempts	Division/ Grade

1.12   Details of appointments held in AIIMS Bilaspur, H.P.

POST/ DESIGNATION	DEPARTMENT	FROM	TO	LEVEL OF PAY	SCALE OF PAY

1.13   Please state whether Annual Return on Immovable property for process during Calendar Year was filled within prescribed date i.e. 31st January of year following Calendar year _____.

If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.

Signature of the officer..............................

Part – II Self-Appraisal for year

(To be filled by Officer Reported upon)

2.1: Brief description of duties of post during the period in about 100 words:

| |
| |

2.2 Please specify quantitative/physical/financial/targets/objectives set for yourself or that were set for you and your achievement against each target during the period in about 100 words:

Target	Achievements

If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.

Signature of the officer................................

2.3   Please state briefly shortfalls with reference to targets/objectives referred to in coloum2.2. Please specify constraints, if any, in achieving targets during the period in about 100 words.

2.4   Brief resume of the work done by the officer reported upon during the period. The resume to be furnished should be limited to 100 words.

Date:

(Officer Reported upon Signature with Date)

If the space is found insufficient to fill the details, then the officer may attach extra sheet and fill the desired information.

Part – III- A
Descriptive Part

(To be filled in by Reporting Authority)

i) Reporting officer will be required to indicate areas of strength and lesser strength.

ii) Attitude towards Schedule Castes/Schedule tribes/Weaker sections of society.

iii) Relation without side agencies/public.

iv) Training (Please give recommendations for training with a view of further improving effectiveness and professional competence/capability of officer).

v) State of health: -

v) State Integrity: -

Part – III- B
Numerical Assessment

i) Assessment of work output (weightage to this section would be 40%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Accomplishment of planning work/ work allotted as per subject allotted			
ii) Quality of output			
iii) Analytical ability & Proficiency in work, namely maintenance of prescribed registers and charts.			
iv) Accomplishment of exceptional work/unforeseen tasks performed			
Overall Grading on "Work Output". ((i+ii+iii+iv)/4)			

ii) Assessment of personal attributes (weightage to this section would be 30%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of discipline			
iv) Communication Skills			
v) Leadership Quality			
vi) Capacity to work in team spirit			
vii) Capacity to work in time schedule			
viii) Inter-personal relations			
Overall Grading on "Personal Attribute". ((i+ii+iii+iv+v+vi+vii+viii)/8)			

iii)   Assessment of personal attributes (weightage to this section would be 30%)

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Knowledge of Rules/ Regulations / procedures in area of function and ability to apply them correctly.			
ii) Strategic planning ability			
iii) Decision making ability			
iv) Coordination ability			
v) Ability to motivate and develop subordinates			
Overall Grading on "Functional Competency". ((i+ii+iii+iv+v)/5)			

iv)   Pen-Picture about officer reported upon:

Instructions for Reporting/ Reviewing Authority	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
Overall Grading in 1–10 point scale (After computing weightages specified in Part –III- B- i, ii, & iii)			

Date: ....

Place: ....

(Signature of Reporting Officer)
Name in Block Letters: ....
Designation: ....
During period of Report: ....

Part – IV

Remarks of Reviewing Authority

(To be filled up by Reviewing Authority after filling up numeric Part –III- B- i, ii, & iii)

i) **Length of Service under Reviewing Authority:**

ii) **Do you agree with assessment made by Reporting Officer with respect to work output and various attributes in Part –III. In case you do not agree with any of numerical assessment or attitudes, please record your assessment in column provided for in that Part and initial your entries.**

Yes	No

iii) **In case of difference of opinion details and reasons for same may be given remarks/observation on Pen Picture by Reporting Officer:**

v) **Overall numerical grading on the basis of weightage given in part II and part III A & III B.**

Date: ....

Place: ....

(Signature of Reviewing Authority)
Name in Block Letters: ....
Designation :...............................
During period of Report: ....