

| | | TKOU_ | | PART - | 101 | | | | |
|-------|-------------|--|-------------|-------------------------|---|---|-----------|-------------------|----|
| 1. | | in full ock Letters) | | | | | | | |
| 2. | Whet | her the Officer i | eported up | on b el ongs | to Sched | luled Ca | ste/Tribe | | |
| 3. | Unit/E | stablishment | | | | | | | |
| 4, | Date | of Birth | | | | | | | |
| 5. | Quali | fications | | | | | | | |
| | (a) | Academic | | | | | | | |
| | (p) | Professional/ | Technical | | | | | | |
| | (c) | Training | | | | | | | |
| 6. | Date | of entry into co | ntinuous G | overnm e nt | Service | | | | |
| 7. | Perm | anent appointm | ent held : | | | | | | |
| | Grad | A CONTRACTOR OF THE STATE OF TH | | from | i grafia a manakan ja d | v. 1917 (1817) * 10 (1817) | | | · |
| 8. | Detai | is of appointm | ents held d | luring the v | ear- | | | r _{efre} | |
| | Post | From | | Ó | Pay Ba | nd | Gri | ade Pay | |
| | | | | | Allegar je Septimoria Ligar je se | | | : 1. | ÷. |
| 9. | Perio | d of absence fr | om duty du | ring the ye | ør | | | · · · | |
| 114 1 | | l completed by | | | | | | | |
| | ⊬ап- | i continuered of | | | | | | | |
| | Han- | | | | | Signatur | e | | |
| | | ked by | | | | Signatu Name | | | |

Part-II - Self Appreleal

| about 100 words) | · · · · · · · · · · · · · · · · · · · | |
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2. Annual work plan and achievement

| Tasks to be performed. | Targets set for the year | Actual Achievements |
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| | | Programme de la companya de la compa |
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| 3. contr | ibution | i. Ø.Q | SUCC | essful c | ompleti | do you b | n extra | ordinar | / chall | enging | task o | r maio |
|-------------|-----------------|----------------------------|--------------------|----------------------|--------------------------------------|------------------------|------------------------|-----------|-------------------|--------------|-----------|--------|
| reduc | manc XION IN | niipioi 1 time s | ina ces | 8 (168u) 88)? 174 | iciy iii i c , pies | significa se give s | ini berk i brief di | escriptic | ne use m (with | 17 3 12 NO V | vords). | anu/o |
| | | | | | | | | | | | | |
| 4. | Wh | at are t | he fact | ors that | hindere | ed your p | erforms | ince ? | | | | |
| | | | | | | | | | | | | |
| 5. thro | Ple ugh tra | ase inc alning p | licate s rogram | specific i | areas in | which y | ou feel (| the nee | d to up | grade yo | our skill | s |
| | | | | | | | | | | | | |
| | | | | | | | (\$ | Signatur | e of of | icer rap | orted u | pon) |

| Please state whether you agree with the responses relating to the complishments of the work plan and unforeseen tasks as filled out in Section II. If not ase furnish actual details. Please comment on the claim (if made) of exceptional contribution by the officer corted upon. | . = | Length of Service under Reporting Officer FromTo |
|--|-------------|--|
| Has the officer reported upon met with any significant failures in respect of his | CO 988 | Please state whether you agree with the responses relating to the mplishments of the work plan and unforeseen tasks as filled out in Section II. If not, |
| Has the officer reported upon met with any significant failures in respect of his | | |
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| Has the officer reported upon met with any significant failures in respect of his | : 1 | Please comment on the claim (if made) of exceptional contribution by the officer |
| Has the officer reported upon met with any significant failures in respect of his yes, please furnish actual details. | ро | ifted upon. |
| Has the officer reported upon met with any significant failures in respect of his yes, please furnish actual details. | | |
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| Has the officer reported upon met with any significant failures in respect of his yes; please furnish actual details. | : | |
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| yes, please turnish actual details. | . / · · | Has the officer reported upon met with any significant failures in respect of his w |
| | ye | es, please turnish actual details. |
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| | Reporting Authority | Reviewing Authority |
|--|------------------------|------------------------|
| Accomplishment of planned work/work allotted as per subjects allotted | | |
| II. Quality of output | | |
| III. Accomplishment of exceptional work/ unforeseen tasks performed | | |
| IV. Analytical ability | | |
| Overall grading on 'Work Output' | | |

7. Assessment of Personal Attributes (on a scale of 1-10, Weightage to this section will be 30%)

| | | Reporti Authori | | Review Authori | |
|------|--|--------------------|------|-------------------|--------|
| 1. | Attitude to work | | | | |
| 11. | Sense of responsibility | | | Million A | |
| III. | Maintenance of discipline | | 1 | | |
| IV. | Interpersonal relations | | | *** *** | |
| V. | Communication skills | | | r. | |
| VI. | Leadership qualities | | | | |
| VII | Capacity to work in team sprit | | . () | | |
| VIII | Capacity to work in time limit | | | | |
| | Overall Grading on Personal Attributes | | | | ··-··· |

| 8. | | Assessr | nent of | Functiona | Competer | ncy (on a | scale of 1-10 | Weightage | to this section |
|------|----|---------|---------|-----------|--------------------------|-----------|---------------|-----------|-----------------|
| WIII | be | 30%) | | | | | | | |
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| | | Reporting Authority | Reviewing Authority |
|--------------|--|------------------------|------------------------|
| 1, | Knowledge of rules/regulations/procedures in the area of function and the ability to apply them correctly. | | |
| 11. | Technical knowledge | | |
| III . | Decision making ability | | |
| IV. | Coordination ability | | |
| V | Ability to motivate and develop subordinates. | | |
| | Overall grading on 'Functional Competency' | | |

| .l. | Knowledge of rules/regulations/procedures |
|-----------------|--|
| | in the area of function and the ability to |
| 11. | apply them correctly. Technical knowledge |
| III. | Decision making ability |
| IV. | Coordination ability |
| V | Ability to motivate and develop |
| | subordinates. |
| | Overall grading on 'Functional Competency' |
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| 9. | Integrity |
| | androne in the first transfer of the first transfer of the second first transfer of the second transfer of the The first transfer of the first transfer of the second first transfer of the second transfer o |
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| 10. | State of health |
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| 11. | Details of Disciplinary Action during the year: |
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| 12. | Pen picture of Reporting Officer (in about 100 words) on overall qualities of the office |
| Inclu | iding areas of strength and lesser strength and his attitude towards weaker section. |
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| 12. | Overall Grade (on score of 1-10) |
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(Signature of Reporting Authority) Date:

| | v v | 41 - 1 - 3 1 - 1 - 3 | .• : | 1 | Name an | d initi | als of t | he Off | icer rep | orted up | on |
|------------------------|---|---|---|--------------------------------------|---|--|-------------------------------------|------------------------------------|--|--|-----------------------------------|
| : | | | | Part IV: | Review | | • | | | | |
| | | | | | e di. | | | ÷ | | | |
| 1. | Length o | of Service | under F | Reviewing | Officer. | From | k <u></u> | · · · · · · | to | | |
| Repo Office with | Do you output an orting Officer Reporte any of the nn provide | d various er in res d Upon ' numerio | attribut pect of a 7 is the al asses | extraordina assessme sament of | t III ? ary achi ant justil attribut | Do you everne fied or es, ple | u agreents an liberal ease re | e with d/or s ? (In ecord | the as gnifical case y our as | sessmer nt failure ou do no sessmer | nt of the s of the ot agree |
| · | : | 4 | | • | | | er self Selfen Selfen | Ye | s/No | | - 1 |
| 3. | In cose | differenc | e of onin | ion, detail | e and re | APARA | for the | . 5556 | maih | n aban | |
| J. | iii daaa | aniolei le | e or obir | ion, detail | 9 011U 10 | : a 30118 | | 3 201116 | iniay D | e Biveri. | |
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| | | | | | | | | | | | |
| 5. | Overall | Grade (| on score | of 1-10) | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Date | | | | | ····································· | (Sig | nature | of Re | /iewing | Authorit | y) |

Name and initials of the Officer reported upon

| | | | 1 40 | t t . Accoptance | · . | |
|-------------------------|----------|-------------|--|---|------------------|----------|
| 1. | Do you s | gree with t | the remarks of th | e Reporting/Reviewir | ng authorities ? | |
| | | | | | Yes/No | |
| 2. down ₍ | | | ce of opinion, del with justification | tails and reasons for /substantiation. | the same may be | given ar |
| | | | | | | |

| V 2 | | nation and section is shown | | | |
|-----|-------------------|-----------------------------|-----------|---|--------------|
| 3 | Overall Grade (or | score of 1-10 |) | | |
| • | | | | 1 | |
| | | | A 17 17 1 | | |

Date: (Signature of Accepting Authority)

(To be filled only in those cases where accepting authority is specifically provided by instructions issued by ADM Dte)