



अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

Devipur, Deoghar, Jharkhand – 814152, India
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ANNUAL PERFORMANCE APPRAISAL REPORT

ASSESSMENT YEAR : _____

NAME OF THE OFFICER : _____

DESIGNATION : _____

DEPARTMENT : _____

PERIOD OF APAR : FROM _____ TO _____

Schedule for Completion of Annual Performance Appraisal Report

Activity	Date by which to be Completed
Distribution of blank APAR forms to all concerned	31 st May
Submission of self-appraisal to Reporting Officer by officer to be reported upon (where applicable)	30 th June
Submission of report by Reporting Officer to Reviewing Officer	31 st July
Report to be completed by Reviewing Officer and to be sent to DDA Office or Accepting Authority, wherever provided	31 st August
Appraisal by Accepting authority, wherever provided	30 th September
Disclosure to the officer reported upon:	
(i) Where there is no Accepting Authority	01 st October
(ii) Where there is Accepting Authority	15 th October
Receipt of representation, if any, on APAR	15 days from the date of receipt of communication
Forwarding of representations to the Competent Authority:	
(i) Where there is no Accepting Authority for APAR	15 th October
(ii) Where there is Accepting Authority for APAR	01 st November
Disposal of representation by the Competent Authority	Within One month from the date of receipt of representation
Communication of the decision of the Competent Authority on the representation by the DDA Office	15 th December
End of entire APAR process after which the APAR will be finally taken on record.	31 st December

ANNUAL PERFORMANCE APPRAISAL REPORT FOR THE PERIOD

FROM _____ TO _____

PERSONAL DATA

वैयक्तिक सूचना

PART – 1 (To be filled in by the official)

भाग - 1 (अधिकारी द्वारा भरा जाना है)

1. (a) Name of the Officer

अधिकारी का नाम

(b) Employee Code

कर्मचारी कोड

2. Date of Birth (DD/MM/YYYY)

जन्म तिथि

3. (i) Date of initial appointment in AIIMS, Deoghar and Post

एम्स, देवघर में प्रारंभिक नियुक्ति की तिथि और पद

.....

(ii) Present post and date of appointment thereto

वर्तमान पद और उस पर नियुक्ति की तारीख

.....

4. Basic Pay

मूल वेतन

5. Period of absence from duty

कर्तव्य से अनुपस्थिति की अवधि

.....

(On training/leave etc. during the period)

(अवधि के दौरान प्रशिक्षण/छुट्टी आदि पर)

6. Details of training attended during the period:

अवधि के दौरान प्रशिक्षण में भाग लेने का विवरण:

.....

7. Details of paper/works, if any, published during the period:

अवधि के दौरान प्रकाशित पेपर/कार्यों का विवरण, यदि कोई हो:

.....
8. Higher qualification, if any, acquired during the period:

इस अवधि के दौरान अर्जित उच्च योग्यता, यदि कोई हो:

.....

9. Name, Designation and Period under:

(i) Reporting Officer: from to.....

(ii) Reviewing Officer: from to

10. Whether the annual return on immovable Property filed in time, if not in time then date of filing:

.....

**Signature of Deputy Director
(Admin)**

PART – 2 (To be filled in by the Officer Reported upon)

- 1. Brief description of duties (not more than 100 words)**

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- 2. Please specify your achievements vis-à-vis action plan/work targets assigned during the period (not more than 200 words)**

Action Plan /Work targets assigned	Achievements

3. Please specify constraints, if any, in achieving the targets (not more than 50 words)

4. Brief details of outstanding performance/significant contribution made by you during the period, if any (not more than 100 words)

5. Details of paper/works, if any, published during the period

Date:

Signature of Officer Reported Upon

PART – 3 (To be filled in by the Reporting Officer)

(This assessment should rate the officer vis-à-vis his peers engaged in similar positions and not the general population. Grades should be assigned on a scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to the best grade. Any overwriting or correction has to be authenticated by the reporting officer in the margin with full signature. Please read carefully the guidelines before filling the entries.)

1. (a) Assessment of action planned work and targets* (40% weightage will be assigned to this item)

S. No.		Grade
1.	Accomplishment of Planned Work/Work Targets	
2.	Quality of Output	
3.	Analytical ability	
4.	Efforts made to achieve planned work	
5.	Overall Grading on 'work output' (Sum to 1 to 4)/4	

1. (b) Weightage of the grade on 'Work Output' 1 (a) (5) x 0.4

(Assessment of planned work and targets here should be assessed targets/projects/deadlines set by the reporting officer during the initial period of subsequently mentioned in part 2(a) & 2(b) section 2 of this form, and achievement of those quantitative targets.)

2. (a) Assessment of Attributes: (30% weightage will be assigned to this item)

S. No.		Grade
1.	Attitude towards work and initiative	
2.	Decision making ability	
3.	Coordination skills	
4.	Interpersonal relations	
5.	Leadership skills	
6.	Supervisory and administrative qualities	
7.	Overall grading on 'attributes' (Sum of 1 to 6)/6	

2. (b) Weightage of the grade on 'attributes' 2(a) (7) x 0.3

3. (a) Assessment of functional competency (30% weightage will be assigned to this item)

S. No.		Grade
1.	Knowledge of rules, regulations, and laws	
2.	Managerial and organizational capabilities	
3.	Ability to initiate plan and implement projects	
4.	Overall grading on 'functional competency' (Sum of 1 to 3)/3	

3. (b) Weightage of the grade on 'functional competency' 3(a) (4) x 0.3
4. Overall grading [1(b) +2(b) +3(b)]

5. Evaluation of planned work

(a) Was any mid-year evaluation done?

Yes	No
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(b) Were any changes made in work plan in view of the infrastructures, manpower, economic or other situations? If so, the details thereof.

6. State of Health

7. Integrity:

8. Pen Picture by Reporting Officer on the overall qualities of the officer including area of his strengths, significant achievements and failures, and constraints if any.

Signature of Reporting Officer

9. Suggestion for improvement and training areas (not to be construed as adverse or deemed to be influencing the overall grade and is not to be considered for promotions, selection, deputations, etc. Comments like outstanding, very good, good, and Inadequate should not be mentioned here.)

10. If the grading in any row of sub-parts 1(a), 2(a) and 3(a) above is below 2 or the overall grading is also below 4 or above 9 (in sub-part 4 above) then please give reasons for the same.

11. Overall numerical grading on the basis of weightage given in 1(b) +2(b) +3(b)

Date: _____

(Signature of Reporting Officer)

Name (In Block Letters) _____

Designation _____

PART – 4 (To be filled in by the Reviewing Officer)

1. Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-3? Do you agree with the assessment of the Reporting Officer in respect of significant achievements/failures of the officer Reported upon? (Please tick)

Yes	No
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2. (a) In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

(b) Overall Grading in case of disagreement

3. Pen Picture by Reviewing Officer. Please comment on the overall qualities of the officer including area of strengths and weaknesses and attitude towards weaker sections etc.

Date: _____

(Signature of Reviewing Officer)

Name (In Block Letters) _____

Designation _____

PART – 5 (To be filled up by the Accepting Authority)

1. Do you agree with assessment made by the Reporting/Reviewing Officer? (Please tick)

Yes	No
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2. (a) In case of disagreement, details and reasons for the same may be given.

(b) Overall Grading in case of disagreement

Date: _____

(Signature of Accepting Authority)

Name (In Block Letters) _____

Designation _____