



Indian Institute of Science Education and Research Bhopal

Annual Performance Assessment Report (APAR) / Quarterly PAR (QPAR) (Jan-Mar) (April-June) (July-Sept) (Oct-Dec) for Group B & C employees (Non-Teaching: Academic / Non-Academic)

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.	PF No		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:						

Minimum benchmark for MACP and confirmation of probation / initial contract in lieu of probation is "Very Good".

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, Seal & Date	

