**Annexure-IV**

**FORMAT OF ANNUAL CONFIDENTIAL REPORT FOR GROUP ‘C’ OFFICIALS**

**(EXCLUDING TECHNICAL PERSONNEL)**

**SECTION-I**

**PERSONAL DATA**

(To be filled in by the Official reported upon)

Annual Confidential Report from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Official (in capital letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Present post held : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of continuous appointment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to the present post

1. Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reporting, Reviewing and Accepting Authorities:

|  |  |  |
| --- | --- | --- |
|  | Name & designation | Period worked |
| Reporting Authority |  |  |
| Reviewing Authority |  |  |
| Accepting Authority |  |  |

1. Period of absence on leave, etc:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Period | Type | Remarks |
| On leave (specify type) |  |  |  |
| Others (specify |  |  |  |

1. Training programmes attended:

|  |  |  |
| --- | --- | --- |
| Name of training programme(s) | Period of training | Name of Institute |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION-II**

**SELF APPRAISAL**

(To be filled in by the Official reported upon)

1. Brief description of duties and responsibilities (*about 100 words*):
2. Please provide brief resume of work done by you during the reporting period bringing out any special achievements during the period (*about 300 words*):

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Official : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION-III**

**REMARKS OF THE REPORTING AUTHORITY**

1. Please state whether you agree with the statement made in Section-II (Self Appraisal). If not, please furnish factual details:
2. Quality of work output (*Please comment on the quality of performance having regard to the standard of work*):
3. State of health:
4. General intelligence and keenness to learn:
5. Knowledge of sphere of work (*Please comment on the knowledge of laws/ rules/ guidelines/ procedures/ IT skills and awareness of the local norms in the relevant areas*)
6. Relations with fellow employees and the public:
7. Regularity and punctuality in attendance:
8. Amenability to discipline:
9. Has the Official been reprimanded for indifferent work or other causes during the period under report? If so, please give brief particulars
10. Please comment on the integrity of the Official reported upon (*In general, the remarks relating to the column on integrity in the Confidential Reports of the Official reported upon shall be made by the Reporting Authority in any one of the options mentioned below:*
    1. *Beyond doubt*
    2. *Since the integrity of the Official is doubtful, a secret note id attached*
    3. *Not watched the Official’s work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the Official):*
11. Overall grading : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Outstanding/Very Good/Good/

Average/Below Average

(*An official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out*)

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Reporting Authority : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION-IV**

**REMARKS OF THE REVIEWING AUTHORITY**

* + 1. Is the Reviewing Authority satisfied that the Reporting Authority has made his report with due care and attention after taking into account all the relevant material?
    2. Do you agree with the assessment made by the Reporting Authority in Section-III?
    3. In case of differences of options, details and reasons for the same may be given.
    4. Overall grading : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Outstanding/Very Good/Good/

Average/Below Average)

(*An official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out*)

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Reviewing Authority : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION-V**

**REMARKS OF THE ACCEPTING AUTHORITY**

1. Do you agree with the remarks of the Reporting/Reviewing authorities?
2. In case of differences of opinion, details and reasons for the same may be given.
3. Overall grading : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Outstanding/Very Good/Good/

Average/Below Average)

(*An official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out*)

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Accepting Authority : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure-V**

**PERFORMANCE REPORT OF OFFICIALS ON STUDY LEAVE/TRAINING**

Performance Report for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| 1) | Name of Official |  |
| 2) | Present post held |  |
| 3) | Date of appointment to the present post |  |
| 4) | Date of birth |  |
| 5) | Study Leave/Leave Details /Training |  |
|  | 1. Course |  |
|  | 1. Institution |  |
|  | 1. Duration |  |
| 6) | Period of sanctioned leave |  |
| 7) | Details of Degree/Certificate/ Diploma and Evaluation obtained during the period (copies to be enclosed) |  |

1. **SELF ASSESSMENT**

|  |
| --- |
|  |

Date: Signature of the Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ASSESSMENT OF THE HEAD OF INSTITUTION/COURSE COORDINATOR**

|  |
| --- |
|  |

Date: Signature of the Head/Course Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*N.B: To be submitted to Cadre Controlling Authority*