**FORM OF ANNUAL PERFORMANCE REPORT IN RESPECT OF DRIVER**

**(APPLICABLE FOR ALL DEPARTMENT/OFFICES)**

**Report for the year/Period during ……………………………...**

**PART – I (PERSONAL DATA)**

1. Name of Driver :

2. Date of Birth :

3. Name of Deptt/Office :

4. Date of first appointment :

5. Whether permanent or temporary :

6. Education Qualification :

7. Whether belongs to SC/ST :

8. Driving License No. with validity :

9. Period of absent from duty on leave,

 Training etc. during the year :

**PART – II (ASSESSMENT BY THE REPORTING OFFICER)**

1. Length of service under the Reporting

 Officer :

2. State of Health :

3. Nature of turn out of duty :

4. Integrity :

5. General maintenance of vehicle :

6. Whether he has met any accident during

 the period under report. State extent of

 damage to vehicle/whether the driver has

 been incapacitated as a Driver :

Contd.2/-

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7. Fitness for grade promotion (1) Fit

 (2) not yet fit

 (3) unfit

Signature of the Reporting Officer

Name in block letter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation

Place :

Date :

**Remarks of Reviewing Officer** :

Place :

Date :

Signature and Designation of the

Reviewing Officer

**Remarks of Accepting Authority** :

Place :

Date :

Signature and Designation of the

Accepting Officer