

BASIC DATA SHEET

NAME : _____

DESIGNATION : _____

DATE OF BIRTH (figures / words) : _____

SEX : Male / Female

PERMANENT ADDRESS : _____

_____ Pin _____

CURRENT ADDRESS : _____

(If different from above)

_____ Pin _____

ADHAAR No..... PAN No.....

CONTACT DETAILS : Email..... Cell.....

DATE OF INITIAL APPOINTMENT : _____

CURRENT STATUS : Probationer / Confirmed

Promotion Details during service (as applicable) :

Sl.No.	Designation	From	To	Pay	Increment

RELIGION : _____

MARITAL STATUS : Single / Married / Divorced

DETAILS OF DEPENDANTS

Sl. No.	Name	Relationship with employee (Father / Mother / Wife / Son / Daughter)

Signature of Employee

REGISTRAR
DATE

FORM ANNUAL PERFORMANCE APPRAISAL REPORT

Report for the year

*(Reporting period is from 1st of the year till 31st December of that year.
In case of appointment / promotion, the period will begin from that date till 31st
December of that year)*

PART-I

(To be filled in by the Administration Section of the concerned Faculty / Section)

1. Designation / Post held: _____

2. Whether the Official belongs to
Scheduled Caste / Scheduled Tribe / OBC? : _____

3. Date of continuous appointment to
the present post : _____

4. Whether probationer / permanent : _____

5. Section(s) in which served during
the period underreport : _____

6. Period of absence from duty on
leave, training etc. during the year/period : _____

PART II

(To be filled in by the employee)

Brief description of duties performed during the year reported upon :

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Date:

Signature

CONFIDENTIAL
Assessment of the Reporting Officer

1. Do you agree with the statement made in Part-II? If not, the extent of disagreement and reasons therefore

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2. Grading of the employee

Descriptor	Grade*
State of Health	
General intelligence and keenness to learn	
Standard of work and discipline	
Punctuality	
Knowledge of subject / office procedure	
Quality of the work	
Amenability to discipline	
Integrity of the employee	

* **A-Very good / B- Good / C – Average / D – Unsatisfactory** (at least 4 descriptors should be a minimum of B to be recommended)

3. Has the employee been reprimanded for in different work or for other causes during the period under report? If so, give particulars.

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Signature of the Reporting Officer

Name in Block Letters

Designation

Place: _____

Date: _____

ASSESSMENT AND RECOMMENDATION OF REVIEWING OFFICER

Do you agree with the assessment of the Official given by the Reporting Officer? (In case of disagreement, please specify the reasons) Is there anything you wish to modify or add?

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Is declaration of probation / enhancement of pay / promotion recommended: YES / NO

Any special recommendations / observations.....

Signature of the Reviewing Officer

Name in Block Letters

Designation

