

Performance Appraisal Report (PAR) for Group 'A' & 'B' officers of Govt. of Orissa

Transmission Record

(To be filled in by Appraisee)

Financial Year..... (for the period from..... to))

Name & Designation of the Officer Reported Upon.....

.....

Service and Group (A/B) to which the Officer belongs.....

.....

Details of Transmission / Movement of PAR

(To be filled in at the time of transmission
by respective officer/staff)

Transmission by	Transmitted to whom (Name, Designation & Address)	Letter No & Date of Transmission	Signature of Officer/Staff Transmitting the PAR
Appraisee			
Reporting Authority			
Reviewing Authority			
Accepting Authority			

PERFORMANCE APPRAISAL REPORT
for
Group 'A' & Group 'B' Officers of Govt. of Orissa.

Report for the financial year _____

(Period from _____ to _____)

PERSONAL DATA

PART-I

(To be filled in by the Appraisee)

1. Full Name of the Officer:

2. Date of Birth:

3. Service to which the Officer belongs:

4. Group to which the Officer belongs(A or B):

5. Designation during the period of Report:

6. Office to which posted with Head Quarters:

7. Period(s) of absence (on leave, training etc.,
if 30 days or more). Please mention date(s). :

8. Name & Designation of the Reporting Authority
and period worked under him/her :

From _____ to _____

9. Name & Designation of the Reviewing Authority
and period worked under him/ her :

From _____ to _____

10. Name & Designation of the Accepting Authority
and period worked under him/her :

From _____ to _____

Signature of the Appraisee

PART-II**SELF-APPRAISAL**
(To be filled in by the Appraisee)

1. Brief description of duties/tasks entrusted.(in about 100 words)

2. Physical/Financial Targets & Achievements

Sl.No	Task	Target	Achievement	% of Achievement
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3. Significant work, if any, done

Place _____ Date _____

Signature of Appraisee

PART-III REMARKS OF THE REPORTING AUTHORITY

1. (a) Name of the Officer Reported Upon:

(b) Period of report : From ____/____/____ to ____/____/____

2. Assessment of work output, attributes & functional competencies. (This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

Description	Rating	Description	Rating
(a) Attitude to work :		(f) Co-ordination ability:	
(b) Sense of responsibility:		(g) Ability to work in a team.	
(c) Communication skill :		(h) Knowledge of Rules/Procedures/ IT Skills/ Relevant Subject :	
(d) Leadership Qualities :		(i) Initiative :	
(e) Decision-making ability :		(j) Quality of Work :	

3. General Assessment (Please give an overall assessment of the officer including his/her attitude towards S.T/S.C/Weaker Sections & relation with public):

4. Inadequacies, deficiencies or shortcomings, if any (Remarks to be treated as adverse)

5. Integrity (If integrity is doubtful or adverse please write "Not certified" in the space below and justify your remarks in box 4 above)

6. Overall Grading (Please sign in appropriate box)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Overall Grading "Below Average" / "Outstanding" please provide justification in the space below.

Name of Reporting Authority: _____ Signature _____

Designation during the period under report: _____

Designation at the time of recording of remarks: _____

Place : _____ Date

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PART-IV REMARKS OF THE REVIEWING AUTHORITY

Name of the Officer Reported Upon:

Period of report : From ___/___/_____ **to** ___/___/_____

1. Please Indicate if you agree with the general assessment/ adverse remarks/ overall grading made by the Reporting Authority, and give your assessment.

2. Overall Grading (*Please sign in appropriate box*)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Reviewing Authority

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place: _____ Date:

		-			-				
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* "Below Average" grading will be treated as adverse and should be justified, if Reporting Authority has not already justified

PART-V REMARKS OF THE ACCEPTING AUTHORITY

Period of report : From ___/___/_____ **to** ___/___/_____

Name of Accepting Authority :

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place : _____ Date:

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FOR OFFICE USE BY THE PAR BRANCH

[For review as well as other certificates/remarks]