

No.7/3/2010-Vig
Government of India
Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner
(Micro, Small and Medium Enterprises)
{Vigilance Section}

Nirman Bhawan, New Delhi
The 21st December, 2010

To

All Directors
MSME-DIs & Br. DIs/TCs/TDC-HT, Nagaur.

Subject :- **Annual Performance Assessment Report(APAR) for the year
2010-11 – reg.**

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Sir,

From the year 2010-11, new APAR form for officials of MSME-DO cadre of the rank of Assistant Director Gr.II and above have been introduced and a copy of which is enclosed herewith. All officials of the rank of Asstt. Director(Gr.II) and above are requested to use the same.

The form is also available on the website of this office.

Yours faithfully,



(Sarita Puri)
Dy. Director(Vig.)

Copy to :-

✓ DD(SENET), with a request that the enclosed APAR form may be uploaded on the website and previous APAR forms which are available on the site in respect of the post of Assistant Director(Gr.II) and above may be removed.

2 Hindi Section. Hindi versions may be prepared and sent to SENET for uploading on the website.



office of the Development Commissioner
Micro, Small and Medium Enterprises

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Annual Performance Assessment Report for Central Civil Services.

Performance Appraisal Report for the period from _____ to _____

Section I – Basic Information

(To be filled in by the Administration Division/Personnel Department)

1.Name of the officer reported upon:

2.Service:

3.Cadre:

4.Year of appointment:

5.Date of Birth:

6.Present Grade:

7.Present post:

8.Date of appointment to present post:

9.Reporting and Reviewing and Authorities

	Name & Designation	Period worked
Reporting Authority		
Reviewing Authority		

10.Period of absence on leave, etc.

	Period	Type	Remarks
On Leave (specify type)			
Others (specify)			

11.Training Programs attended

Date from	Date to	Institute	Subject

12. Awards/Honours

13. Details of PARs of subordinate officers not written by the officer as reporting/reviewing authority for the previous year

14. Date of filing the property return for year ending December

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Signature on behalf of _____
Admn/Personnel Dept

Date:

Section II

1. Declaration

Have you filed your immovable property return, as due. If yes, please mention date	Yes/No	Date
Have you set the annual work plan for all officers for the current year, in respect of whom you are the reporting authority?	Yes/No	
Have you prepared the work plan for yourself?	Yes/No	
Have you enclosed a note on important achievements during the period?	Yes/No	

2. Please specify the quantitative/physical/financial targets/objectives(8to 10 items priority wise in order or importance) set for yourself or that were set for yourself or that were set for you and your achievements against each target.

Targets	Achievements

3. Please state briefly the shortfalls with reference to the targets/objectives referred to in column 2. Please specify constraints, if any, in achieving the targets.

4. Please also indicate items in which there have been significantly higher achievements and your contribution thereto.

Signature
Officer reported upon

Date:

Section III
Appraisal

1. Assessment of Work output (This assessment should rate the officer vis-à-vis his peers and not the general population. Grades should be assigned on a scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to be the best grade. 40% weightage will be assigned to this item)

Assessment of work output (weightage to this Section would be 40%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Accomplishment of planned work/work allotted as per subjects allotted			
ii) Quality of output			
iii) Analytical ability			
(iv) Accomplishment of exceptional work / unforeseen tasks performed			
Overall Grading on Work Output			

2. Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of Discipline			
iv) Communication skills			
v) Leadership qualities			
vi) Capacity to work in team spirit			
vii) Capacity to work in time limit			
viii) Inter-personal relations			
Overall Grading on personal attributes			

3. Assessment of functional competency (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
<p>i) Knowledge of Rules / Regulations /Procedures in the area of function and ability to apply them correctly.</p> <p>ii) Strategic planning ability</p> <p>iii) Decision making ability</p> <p>iv) Coordination ability</p> <p>v) Ability to motivate and develop subordinates</p> <p>Overall Grading on functional competency</p>			

3. Integrity

Please comment on the integrity of the officer, keeping in mind both his financial integrity and his moral integrity(Instructions enclosed).

4. Attitude towards SC/ST:

(Please comment on his/her understanding of the problems of Scheduled Castes/Scheduled Tribes/Weaker Sections and willingness to deal with them)

5. Pen picture by the Reporting Authority.

(Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections)

6. Overall Grade on a scale of 1-10

(This will be weighted average of column 1-3)

Signature of Reporting Authority_____

Date:

Section IV – Review

1. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in section III? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and/or significant failures of the moS / officer reported upon?

(In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries)

Yes	No
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2. In case of difference of opinion details and reasons for the same may be given.

3. Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections

4. Overall Grade on a scale of 1-10.

Signature of Reviewing Authority _____

Date:

Time schedule for preparation/completion of APAR
(Reporting year- Financial year)

S.No.	Activity	Date by which to be completed
1.	Distribution of blank APAR forms to all concerned (i.e., to officer to be reported upon where self-appraisal has to be given and to reporting officers where self-appraisal is not to be given)	31st March. (This may be completed even a week earlier).
2.	Submission of self-appraisal to reporting officer by officer to be reported upon (where applicable).	15th April.
3.	Submission of report by reporting officer to reviewing officer	30th June
4.	Report to be completed by Reviewing Officer and to be sent to Administration or CR Section/Cell or accepting authority, wherever provided.	31st July
5.	Appraisal by accepting authority, wherever provided	31st August
6.	(a) Disclosure to the officer reported upon where there is no accepting authority (b) Disclosure to the officer reported upon where there is accepting authority	01st September 15th September
7.	Receipt of representation, if any, on APAR	15 days from the date of receipt of communication
8.	Forwarding of representations to the competent authority a) where there is no accepting authority for APAR	21st September
	b) where there is accepting authority for(APAR	06th October

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|---|--|
| 9. Disposal of representation by the competent authority | Within one month from the date of receipt of representation. |
| 10. Communication of the decision of the competent authority on the representation by the APAR Cell | 15th November |
| 11. End of entire APAR process, after which the APAR will be finally taken on record | 30th November |

CERTIFICATE FOR DISCLOSURE OF ANNUAL PERFORMANCE APPRAISAL REPORT

1. Name of the Officer reported upon

2. Year/Period of Report

3. Date of disclosure of the APAR to the officer reported upon

4. Whether representation on the APAR received from the officer reported upon

YES	NO
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5. Date of receipt of the representation

6. Date of disclosure to the officer reported upon the decision on his/her representation after its consideration by the competent authority

7. Remarks, if any

In the event of reply to (4) anopve is NO(i.e. no representation has been/is sought to be made by the officer reported upon), it is preferable to obtain a certificate to that effect from the officer reported upon on the lines indicated below:

I have read all the entries in respect of my APAR for the year/period _____ (including those pertaining to assessment of integrity and overall grade and rating) made by the concerned reporting and reviewing authorities and I am in agreement with the same. I do not have any representation to make in this regard.

Name of the officer reported upon

Signature

Date