

विकास आयुक्त (सू. म. लघु एवं मध्यम उद्यम)

सू. म. लघु एवं मध्यम उद्यम मंत्रालय,
(भारत सर. र),
निर्माण भवन, सातवीं मंजिल, मोलाना आजाद रोड,
नई दिल्ली-११००११



सू. म. लघु एवं मध्यम उद्यम

OFFICE OF THE DEVELOPMENT
COMMISSIONER
(MICRO, SMALL, & MEDIUM ENTERPRISES)

MINISTRY OF MICRO, SMALL, & MEDIUM ENTERPRISES
Government of India
Nirman Bhawan, 7th Floor, Maulana Azad Road,
New Delhi-110011

Ph.(91-11)-23061544, EPABX-23022220, 23022221, 23022202 FAX: - (91-11)-23062315,23061726, 23061068, e-Mail- dcmsmeHQ@nb.nic.in

BY SPEED POST

Dated: 27.01.2016

No. A-31016/02/2014-A(NG)

To

The Director,
All MSME- DIs/TCs/TsS/TIs.

Subject: Trial Period Report for clear probation period/confirmation to the post of Assistantant Director(s), Gr.II/Investigator(s)-Reg.

Sir,

I am directed to say that the newly recruited Assistant Director(s), Gr.II/ Investigator(s) posted under your control, who have completed two years regular service are awaiting for clearance of their probation period/confirmation.

2. You are requested to furnish the duly filled two years Trial Period Report in the enclosed proforma of the concerned officials' immedialy to this office for necessary action.

Yours faithfully,

(SURENDER KUMAR)
Deputy Director, Admn

Encl: As above.

Copy to:-

1. The Deputy Director, Admn(P&T), O/o DC(MSME), Nirman Bhawan, New Delhi for necessary action as mentioned above in respect of officials posted in Hqrs, Delhi.
2. SENET-Division with the request to upload on the office website.

(SURENDER KUMAR)
Deputy Director, Admn

ORIGINAL / DUPLICATE
1ST / 2ND YEARS REPORT
TRIAL PERIOD REPORT FORM

Report on the work of Shri _____
in the Micro, Small & Medium Enterprises _____
during the period of probation from _____ to _____
[Reference DC(MSME), New Delhi letter No. _____
with prescribed probationary period].

1. Name of Officer :
2. Date of Birth :
3. Appointment held indicating
the date of appointment :
4. Nature of duties performed :

5. Assessment of work during the probationary period.
(A general appreciation of the character, ability and personality of officer should be recorded. This should also contain comments on his INTEGRITY and ability to assume responsibility).

6. Do you recommend the extension of the probationary period. If so, for how long ?
7. Do you recommend the officer / staff for continuance in service ?

Station :

Signature :

Date :

Name :

Designation :

[REPORTING OFFICER]

[COMMENTS OF THE REVIEWING OFFICER]

Station :

Signature :

Date :

Name :

Designation :

[REVIEWING OFFICER]

[COMMENTS OF THE HEAD OF DEPARTMENT]

Station :

Signature :

Date :

Name :

Designation :