

विकास आयुक्त का कार्यालय
(सूक्ष्म, लघु और मध्यम उद्यम)
सूक्ष्म लघु और मध्यम उद्यम मंत्रालय
(भारत सरकार)

निर्माण भवन, सातवीं मंजिल, मौलाना आजाद रोड,
नई दिल्ली-110 108



OFFICE OF THE DEVELOPMENT COMMISSIONER
(MICRO, SMALL & MEDIUM ENTERPRISES)
MINISTRY OF MICRO, SMALL & MEDIUM ENTERPRISES
GOVERNMENT OF INDIA
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No. A-31016/2/2016-A(F)

22.08.2016

To

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

Subject: Trial Period Report for termination of probation period/confirmation thereof to the post of Assistant Director (Gr.II) – regarding.

Sir,

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

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

Yours faithfully,

(Surender Kumar)
Deputy Director (Admn.)

Encl. as above.

Copy to:

1. Concerned Reporting Officer, O/o DC(MSME) for necessary action as mentioned above in respect of officials posted in Hqrs. Office.
2. SENET Division with request to upload on the official website.

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, far how long ?
- 7. Do you recommend the officer / staff for continuance in service ?

Station :
Date :

Signature :
Name :
Designation :

[REPORTING OFFICER]

[COMMENTS OF THE REVIEWING OFFICER]

Station :
Date :

Signature :
Name :
Designation :

[REVIEWING OFFICER]

[COMMENTS OF THE HEAD OF DEPARTMENT]

Station :
Date :

Signature :
Name :
Designation :