

I-20/20/2023-IEDS (E-4023962)  
Government of India  
Office of the Development Commissioner (MSME)  
Ministry of Micro, Small & Medium Enterprises  
IEDS Cell  
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Nirman Bhawan, New Delhi  
Dated: 03<sup>rd</sup> September, 2025

CIRCULAR

Subject: Creation of workflow/generation of APARs in SPARROW for the part period of Assessment year 2025-26 - reg.

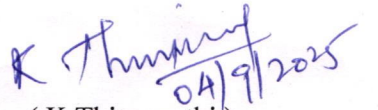
The undersigned is directed to inform that the APAR forms of IEDS Cadre officers on SPARROW-IEDS portal may be got generated as needed due to transfer, retirement etc. of ORU, Reporting Officer etc. for the part period of Assessment Year 2025-26.

2. In order to enable the creation of workflow and generation of APARs for part period of Assessment year 2025-26 in SPARROW, the respective Head of Offices are requested to provide the details of IEDS Cadre Officers posted in their respective DFOs/Branch DFOs/TCs/TSS in the attached format to IEDS Cell.

3. The above mentioned details may be forwarded to email IDs i) ieds-cell@dcmsme.gov.in and ii) thiruppathi.k@gov.in as and when required for the part period of Assessment Year 2025-26.

4. This issues with the approval of competent authority.

Encl : As above

  
( K.Thiruppathi )  
Assistant Director (IEDS)

To,  
HoO, O/o DC(MSME)/DFOs/TCs

Copy to :

1. PA to ADC(IEDS)/ADC(Admin)
2. SENET division with a request to upload on the website.
3. Hindi section - for Hindi version.

**DETAILS IN RESPECT OF OFFICERS OF IEDS CADRE FOR INITIATING APARs IN  
SPARROW FOR PART PERIOD 2025-26**

S.No.	CADRE SERVICE(IEDS)	
1.	Name of Officer	
2.	Date of Birth	
3.	NIC mail id	
4.	Year of appointment	
5.	Present Grade	
6.	Present Post Place of Posting	
7.	Date of appointment to present post	
8.	Reporting Officer (Period wise detail) Designation Cadre to which they belong NIC mail Id	
9.	Reviewing Officer (Period wise detail) Designation Cadre to which they belong NIC mail Id	
10.	NRC period if any details	
11.	Leave detail and Period of Leave HPL EL	
12.	Date of filing the property return for the year ending December 2024/2025	
13.	Training details, If any Name of the Training Duration Name of Institute	

Date:

Signature of Officer