Annual Performance Assessment Report

For

Officer (Administrative & Technical), Higher Ministerial/Technical and Lower Ministerial/Technical (Group – A, B & C)

Of

**National Institute of Technology Manipur**

Name of the Officer/Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report for the period from ………………………………………………...……..

**Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL DATA**

**Part- 1**

(To be filled in by the Establishment Section of the Institute)

1 Name of Officer/Employee ……………………………………………………...………..

2 Date of Birth (DD/MM/YY …..…/……/…………… (In words)…………….……….…

………………………………………………………….….

3 Date of continuous appointment

To the present grade Date…………….…… GP……………………

4 Present post and date of appointment Post……….…….…… Date………………....

5 Period of absence/Period of Training from duty during the year.

|  |  |  |
| --- | --- | --- |
| **Nature of Leave** | **Leave at Credit as on ………….. or respective date of joining** | **Availed during the period** |
| Earned Leave (EL) |  |  |
| Half Pay Leave (HPL) |  |  |
| Commuted Leave | ----------- |  |
| Extra Ordinary Leave (EOL) | ----------- |  |
| Casual Leave (CL) |  |  |
| Special Casual Leave (SCL) – Other Organization’s Work | ----------- |  |
| Special Casual Leave (SCL) – For own academic growth | ----------- |  |
| Leave Not Due (LND) | ----------- |  |
| Leave Without Pay | ----------- |  |
| **TOTAL** |  |  |
| Nos. of days on which he/she was out of Station for Personal work | ----------- |  |
| Nos. of days on which he/she was out of station for Institute work | ----------- |  |

**Assistant Registrar (Administration)**

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**To be filled in by the Officers/Employees reported upon**

(Please read carefully the instructions before filing the entries)

**Part- 2**

1. **Brief description of duties**

2. a) Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself or that were set for you, eight to ten items of work in the order of priority and your achievement against each target. (Example: Annual Action Plan for your Division).

|  |  |
| --- | --- |
| **Targets/Objectives/Goals** | **Achievements** |
|  |  |

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b) Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself, eight to ten items of work in the order of priority for the next year of assessment.

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

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

4. Please state whether the annual return on immovable property for the preceding calendar year was filled within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given.

Date: Signature of official reported upon

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**Part- 3**

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10, where 1 refers to the lowest and 10 to the highest.

**(Please read carefully the guidelines before filing the entries)**

1. The columns in the APAR should be filled with due care and attention and after devoting adequate time.

2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen-picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishment. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.

3. APARs graded between 8 and 10 will be rated as ‘outstanding’ and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.

4. APARs graded between 6 and short of 8 will be rated as ‘very good’ and will be given a score of 7.

5. APARs graded between 4 and 6 short of 6 will be rated as ‘good’ and will be given a score of 5.

6. APARs graded below 4 will be given a score of zero.

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**(A) Assessment of Work Output (weightage to this section would be 40%)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reporting Authority | Reviewing Authority  Refer Para 2 of part-5 | 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’ |  |  |  |

**(B) Assessment of Personal Attributes (weightage to this would be 30%)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reporting Authority | Reviewing Authority  Refer Para 2 of part-5 | 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 adhere to time-schedule |  |  |  |
| viii) Inter-personal relations |  |  |  |
| ix) Overall bearing and personality |  |  |  |
| Overall Grading on ‘Personal Attributes’ |  |  |  |

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**(C) Assessment of Functional Competency (weightage to this section would be 30%)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reporting Authority | Reviewing Authority  Refer Para 2 of part-5 | Initial of Reviewing Authority |
| i) Technical knowledge of Rules/procedures in the area of function and ability to apply the correctly |  |  |  |
| ii) Knowledge of Rules/ Regulations/ Procedures in the area of function |  |  |  |
| iii) Decision making ability |  |  |  |
| iv) Coordination ability |  |  |  |
| v) Ability to motivate and develop subordinates |  |  |  |
| vi) Initiative |  |  |  |
| Overall Grading on ‘Functional Competency’ |  |  |  |

**Signature of the Reporting Officer Signature of the Reviewing Officer**

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**Part- 4 GENERAL**

1. Relations with the public (wherever applicable)

(Please comment on the Officers/Employees accessibility to the public and responsiveness to their needs)

2. Training

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officers/Employees)

3. State of Health

4. Integrity

(Please comment on the integrity of the Officers/Employees)

5. Pen picture by Reporting Officer (in about 100 words) on the overall qualities of the Officers/Employees including area of strengths and lesser strengths, extraordinary achievements/ significant failures (ref: 3(A) & 3(B) of Part-2) and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in section A, B and C in part – 3 of the report.

Signature of the Reporting Officer

Place: Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part- 5**

1. REMARKS OF THE REVIEWING OFFICER

Length of service under the Reviewing Officer

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 & Part-4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements / significant failures of the Officers/Employees reported upon? (Ref: Part- 3(A)(iv) and Part-4(5)) (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 initials you entries.

|  |  |
| --- | --- |
| Yes | No |

3. In case of disagreement, please specify the reasons, Is there anything you wish to modify or add?

4. Pen picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the Officers including area of strengths and lesser strengths and his attitude towards weaker sections.

5. Overall numerical grading on the basis of the weightage given in section- A, section- B and section- C in part- 3 of the report

Signature of the Reviewing Officer

Place: Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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