

**ANNUAL PERFORMANCE ASSESSMENT REPORT**

**FOR**

**OFFICERS OF MULTI TASKING STAFF**  
(PEON / WATCHMAN / SWEEPER)

Name of the Officer \_\_\_\_\_

Report for the year / period \_\_\_\_\_

Department /Directorate of \_\_\_\_\_

**FORM**

**Annual Performance Assessment Report of Multi Tasking Staff  
(Peon / Watchman / Sweeper)**

Report for the year / period .....

**PERSONAL DATA**

**PART-1A**

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of the Officer .....
2. Dated of Birth (DD/MM/YYYY)...../...../.....  
(in words) .....
3. Date of continuous appointment to the present grade Dated ..... Grade.....
4. Post held and due date of appointment thereto Post ..... Date .....
5. Date of posting in the present Institution .....
6. Workshop Section / Laboratories to which attached .....
6. Whether the official belongs to Scheduled Cast / Scheduled Tribe? .....
7. Period of absence from duty (on training/leave etc.)  
during the period. If he has undergone training specify)

**PART - 1B**

1. Name and designation of the Reporting Officer .....
2. Name and designation of the Reviewing Officer .....

**PART -2**

**(SELF APPRAISL)**

To be filled in by the Officer report upon

(Please read the instructions carefully before filling the entries)

Brief description of duties and resume of the work done by you during the period from ..... to .....

2. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31<sup>st</sup> January of the year following the calendar year. If not, the date of filing the return should be given. (To be filled applicable)

Place .....

Dated .....

Signature of the officer reported upon

**PART – 3 (ASSESSMENT BY THE REPORTING OFFICE)**

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

(Please read carefully the guidelines before filling the entries)

**(A) Assessment of work output (weight age to this Section would be 40%)**

	Numerical Grading by Reporting Authority	Revised Grades by Reviewing Authority (If does not agrees with Col. no. 2	Initial of Reviewing Authority
i) Quality of work			
ii) Does he / she know the machines / store			
iii) Does he / she maintain the machine / store / building properly and regularly.			
iv) Does he / she clean and takes care of chart, visual slides / storage items / premises.			
v) Does he/she help and do the work of erection/repair of machines / loading / unloading of stores.			
Overall Grading on "Work Output" (Total [i to v] / 5)			

**(B) Assessment of personal attributes (weightage to this Section would be 30%)**

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initial of Reviewing Authority
i) Attitude of work			
ii) Sense of responsibility			
iii) Regularity and Punctuality in attendance.			
iv) Maintenance of Discipline			
v) Communication skills			
vi) Ability to work in team			
vii) Ability to meet deadline			
viii) Inter-Personal relations			
ix) Clean use of uniform			
Overall Grading on Personal Attributes "(Total i to ix / 9)			

**(C) Assessment of functional competency (weightage to this Section would be 30%)**

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initial of Reviewing Authority
i) Knowledge of Rules/regulations/Procedures in the area of function and ability to apply them correctly			
ii) Coordination ability			
iii) Initiative			
iv) Proficiency in working on computer, wherever available			
Overall Grading on Functional Competency" "(Total [i to iv] / 4)			

**Note: The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.**

**PART-4**

**GENERAL**

1. Relation with the public (wherever applicable)  
(Please comment on the Officer's accessibilities 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 Officer)

3. State of Health

4. Integrity  
(Please comment on the integrity on the officer)

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the official including area of strength and lesser strength extraordinary achievements, significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weight age given in Section A, B and C in Part 3 of the Report.

Signature of the Report Officer

Place .....

Name in Block Letters .....

Date .....

Designation .....  
(During the period of Report)

1. 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 and Part-4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer 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 initial your entries.]

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

4. The attitude of the Reporting Officer in assessing the performance of SC/ST officer

5. Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength and his attitude towards weaker sections.

6. Overall numerical grading on the basis of weight age given in Section A, B and C in Part 3 of the Report.

Signature of the Reviewing Officer

Place :..... Name in Block Letters:.....

Date:..... Designation :.....  
(During the period of Report)

**Guidelines regarding filling up of APAR with numerical grading**