# Annual Performance Assessment Report (APAR)

## For

# Nagaland Govt. Servants (Group C Employees)

For the year/period.....

## FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR GROUP C EMPLOYEES

Annual Pe	rformance As	sessment Repo	ort from _		to _		
SECTION - I							
		Basi	c Informa	ation			
		(To be filled	l in by the	Employe	e)		
1. Name of the I	Employee						
2. Service/Depar	rtment						
3. Date of Birth							
4. Date of entry	into Governm	ent Service					
5. Grade/Post (I	During the per	od of report)					
6. Date of appoi	ntment to the	present post					
7 Deporting D	eviewing &	aconting Au	horitiage				
7. Reporting, R Authorit			designatio	n	P	Perio	d Worked
11011011	.,	Name & designation			From		То
Reporting Author	ority				_		-
Reviewing Auth	ority						
Accepting Authority							
						l l	
8. Period of Ab	sence:						
	From	r	Го	Т	ype		Remarks
On Leave							
Others							
0 T ' ' D	( ) 144		<u> </u>		1		
9. Training Program(s) Attended:  Date (from) Date (to) Institute Subject							
Date (Hom)	Date (to)		Institute				
10. Awards/Ho	nours:						

Date:

Signature on behalf of Administrative Head of Department/Head of Department/Head of Office (with seal)

### <u>SECTION – II (Self Assessment)</u>

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4. What are the reasons for not achieving spechindered your performance?	cific targets, if any? Give details of factors that
minuted your performance.	
5. Please indicate specific areas in which y through training programs.  For the current assignment:	you feel the need to upgrade your skills
For your future career:	
6. Please specify the number of tours/inspe	ections performed by you during the period
under report (applicable only in the case of fig	
No. and brief description of inspections or	No. and brief description of inspections or
tours expected to be performed during the year.	tours actually performed with reasons
Please indicate if any specific target was fixed.	for shortfall, if any.
7. Date of submission of self assessment to Rep	porting Authority:
Place:	Signature of the officer reported upon

## **SECTION - III (Assessment by Reporting Authority)**

with regard to achievements made during the year.
With regard to demotion must desire your.
2. Please comment on the claim (if made) of exceptional contribution by the employee.
3. Has the employee met with any significant failures in respect of his/her work or reprimanded for indifferent work or for other causes during the period under report? If yes, please furnish factual details.
yes, please turnish factual details.
4. Do you agree with the skill up gradation needs as identified by the employee?
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5. 8	State of Health			
(In one do	Integrity a general the remarks against the integrity column shall be of the following three options: (a) Beyond doubt. (b) butful, a secret note is attached. (c) Not watched the but a definite judgement but nothing adverse has been re-	o) Since the in employee's	ntegrity of the	e employee is icient time to
(This popu	ssessment should rate the employee vis-à-vis la assessment should rate the employee vis-à-vis la alation. The reporting officer will assess the employee <b>0</b> , with <b>1</b> referring to the lowest grade and <b>10</b> to the best assessment of work output:	by assigning		
Sl.	Description	Reporting	Reviewing	Initials of
No.		Authority	Authority	Reviewing Authority
1.	Accomplishment of planned work/work allotted as per subjects allotted.			
2.	Quality of output			
3.	Analytical ability			
4.	Accomplishment of exceptional work/ unforeseen tasks performed			
	Total (a)	1		

#### (b) Assessment of Personal Attributes:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Attitude to work , sense of responsibility & maintenance of discipline			
2.	Leadership qualities, capacity to work in team spirit and capacity to work in time limit			
3.	Communication skills and Inter-personal relations			
	Total (b)			

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Knowledge of rules/regulations/procedures/IT Skills in the area of function and ability to apply them correctly			
2.	Strategic planning ability & decision making ability & Initiative			
3.	Co-ordination ability & ability to motivate and develop subordinates			
	Total (c)			
5.	Overall Grade (on a scale of 1-10)  Total (a) + Total (b) + Total (c)			
	10tar (a) + 10tar (b) + 10tar (c)			
Da	nte: Name Designatio (During the	:		
Date	of receipt of APAR from the employee	periou of fe	port)	
_	of submission of APAR to the Reviewing Authority			

c) Assessment of functional competency:

#### **SECTION – IV (Assessment by the Reviewing Authority)**

1. Do you agree with the assessment made by the reporting authority with respect to the

work output and the various attribute assessment of the reporting officer significant failures of the employee? (In assessment of attributes please record ye that section and initial):	in respect of extra case you do not a	raordinary achievements and /or agree with any of the numerical
Y	Yes No	
2. In case of difference of opinion, detai	ls and reasons for	the same may be given:
3. Please comment on the overall quali and lesser strengths and his/her attitu	_ •	e e
exceeding 100 words):		
4. Overall grade on a scale of 1 to 10:		
To Overlain grade on a senie of 2 to 201		
Date:	Sig	nature of Reviewing Authority (with seal)
	Name	:
	Designation	:
	(During the per	iod of report)
Date of receipt of APAR from the Report	ing Authority	
Date of submission of APAR to the Accep	oting Authority	

### SECTION – V (Assessment by the Accepting Authority)

1. Do you agree with the remarks of the	reporting/reviewing authorities?
Ye	es No
2. In case of difference of opinion, details	s and reasons for the same may be given.
2 Owerell and on a goals of 1 to 10.	
3. Overall grade on a scale of 1 to 10:	
Date:	Signature of Accepting Authority (with seal)
	Name :
	Designation :
	(During the period of report)

## Guidelines for filling up of Annual Performance Assessment Report with numerical grading

- 1. Numerical grading are to be awarded by Reporting and Reviewing Authorities for the quality of work output, personal attributes and functional competence of the employee. These should be on a scale of 1- 10, where 1 refers to the lowest grade and 10 to the highest.
- 2. The columns in the APAR should be filled with due care and attention and after devoting adequate time.
- 3. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified while commenting on the overall qualities of officer by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 and 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and the reviewing authorities should rate the employee against a larger population of his/her peers that may be currently working under them.
- 4. APARs graded between 8 and 10 will be rated as 'Outstanding'.
- 5. APARs graded between 6 and short of 8 will be rated as 'Very Good'.
- 6. APARs graded between 4 and 6 short of 6 will be rated as 'Good'.
- 7. APARs graded below 4 will be rated as 'Fair/Poor'.
- 8. The Columns provided in Section-III for the Reviewing Authority for recording his/her assessment is not mandatory. In case the Reviewing Authority does not agree with any of the numerical assessment of attributes given by the Reporting Authority, only then assessment of the Reviewing Authority may be recorded in the Columns provided in that Section along with initial.
- 9. There should be more openness in the system of assessment. The APAR, including the overall grade and integrity, has to be communicated to the officer reported upon after it has been finalized by the cadre controlling authority/custodian of APARs.

## Time schedule for preparation and completion of APAR

Activity	Date by which to be completed
Distribution of blank APAR forms to all concerned (i.e to the employee) by the custodian	1 <sup>st</sup> April (this may be completed even a week earlier)
Submission of self appraisal to the Reporting Authority by the employee.	30 <sup>th</sup> April
Submission of appraisal to the Reviewing Authority by the Reporting Authority.	31st May
Submission of appraisal to the Accepting Authority by the Reviewing Authority.	30 <sup>th</sup> June
Submission of the completed APAR to the Custodian by the Accepting Authority.	31st July
Disclosure to the employee by the Custodian.	31st August
Receipt of comments/representation of the employee, if any.	30 days from the date of receipt of communication or 30 <sup>th</sup> September whichever is earlier
Forwarding of representation to the competent authority by the Custodian	15 days from the date of receipt of representation or 15 <sup>th</sup> October whichever is earlier.
Disposal of representation by the competent authority	Within one month from the date of receipt of representation from the custodian or 15 <sup>th</sup> November whichever is earlier
Communication of the decision of the competent authority on the representation to the employee by the Custodian.	30 <sup>th</sup> November
End of the entire APAR process, after which the APAR will be finally taken on record.	15 <sup>th</sup> December