FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR TRAINING/STUDY LEAVE

Annual Performa	ince Assessment Repo	ort from	to
A. Basic Information			
1. Name of the Official			
2. Service/Department			
3. Date of Birth			
4. Date of entry into Government Service			
5. Grade/Post (During the period of report)			
6. Date of appointment to the present post			
B. Training Details:			
1. Course			
2. Institution			
3. Duration			
Enclose copies of Degr	ree/Certificate/Diplom	na/Evaluation obtained	during the training if any.
C. Self Assessment:			
C. Sen Hissessment.			

Date:

Signature of the officer reported upon

Please comments on the overall qualities of the	officer:	
Performance in the training:		
Date:	Signature of the Reporting Authorit	y
	(with seal)	
N	!	
	Designation :	
(Di	ouring the period of report)	
E. Assessment by the Reviewing Authority		
E. Assessment by the Reviewing Authority Do you agree with the remarks of the reporting	authority? Yes No	
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Date: Signature of Reviewing Authority (with seal)