

Performance Appraisal Report (PAR) for Group 'A' & 'B' officers of Govt. of Orissa

Transmission Record

(To be filled in by Appraisee)

Financial Year..... (for the period from..... to)

Name & Designation of the Officer Reported Upon.....

.....

Service and Group (A/B) to which the Officer belongs.....

.....

Details of Transmission / Movement of PAR

(To be filled in at the time of transmission
by respective officer/staff)

Transmission by	Transmitted to whom (Name, Designation & Address)	Letter No & Date of Transmission	Signature of Officer/Staff Transmitting the PAR
Appraisee			
Reporting Authority			
Reviewing Authority			
Accepting Authority			

PERFORMANCE APPRAISAL REPORT
for
Group 'A' & Group 'B' Officers of Govt. of Orissa.

Report for the financial year _____

(Period from _____ to _____)

PERSONAL DATA

PART-I

(To be filled in by the Appraisee)

1. Full Name of the Officer:

2. Date of Birth:

3. Service to which the Officer belongs:

4. Group to which the Officer belongs(A or B):

5. Designation during the period of Report:

6. Office to which posted with Head Quarters:

7. Period(s) of absence (on leave, training etc.,
if 30 days or more). Please mention date(s) :

8. Name & Designation of the Reporting Authority
and period worked under him/her :

From _____ to _____

9. Name & Designation of the Reviewing Authority
and period worked under him/ her :

From _____ to _____

10. Name & Designation of the Accepting Authority
and period worked under him/her :

From _____ to _____

Signature of the Appraisee

PART-II**SELF-APPRAISAL**
(To be filled in by the Appraisee)

1. Brief description of duties/tasks entrusted.(in about 100 words)

2. Physical/Financial Targets & Achievements

Sl.No	Task	Target	Achievement	% of Achievement
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3. Significant work, if any, done

Place _____ Date _____

Signature of Appraisee

PART-III REMARKS OF THE REPORTING AUTHORITY1. (a) **Name of the Officer Reported Upon:**(b) **Period of report : From** ___/___/_____ **to** ___/___/_____2. **Assessment of work output, attributes & functional competencies.** (This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

Description	Rating	Description	Rating
(a) Attitude to work :		(f) Co-ordination ability:	
(b) Sense of responsibility:		(g) Ability to work in a team.	
(c) Communication skill :		(h) Knowledge of Rules/Procedures/ IT Skills/ Relevant Subject :	
(d) Leadership Qualities :		(i) Initiative :	
(e) Decision-making ability :		(j) Quality of Work :	

3. **General Assessment** (Please give an overall assessment of the officer including his/her attitude towards S.T/S.C/Weaker Sections & relation with public):4. **Inadequacies, deficiencies or shortcomings, if any** (Remarks to be treated as adverse)5. **Integrity** (If integrity is doubtful or adverse please write "Not certified" in the space below and justify your remarks in box 4 above)6. **Overall Grading** (Please sign in appropriate box)Outstanding
(Grade-5)Very Good
(Grade-4)Good
(Grade-3)Average
(Grade-2)Below Average*
(Grade-1)For Overall Grading "**Below Average**" / "**Outstanding**" please provide justification in the space below.

Name of Reporting Authority:

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place :

Date

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PART-IV REMARKS OF THE REVIEWING AUTHORITY

Name of the Officer Reported Upon:

Period of report : From ___/___/_____ **to** ___/___/_____

1. Please Indicate if you agree with the general assessment/ adverse remarks/ overall grading made by the Reporting Authority, and give your assessment.

2. Overall Grading *(Please sign in appropriate box)*

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Reviewing Authority

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place:

Date:

		-			-				
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* "Below Average" grading will be treated as adverse and should be justified, if Reporting Authority has not already justified

PART-V REMARKS OF THE ACCEPTING AUTHORITY

Period of report : From ___/___/_____ **to** ___/___/_____

Name of Accepting Authority :

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place :

Date:

		-			-				
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FOR OFFICE USE BY THE PAR BRANCH

[For review as well as other certificates/remarks]