

No. F.32/1/2025/HRD/CCU/1113-1116
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
FINANCE DEPARTMENT
HUMAN RESOURCE DIVISION: CADRE CONTROL UNIT

'A' Wing, 4th Level, Delhi Secretariat,
I.P. Estate, New Delhi 110002
Ph: 22392133

Dated: 11/06/2025

To

All the concerned Pr. Secretaries/Secretaries/HoDs,
Government of NCT of Delhi.

**Sub: Revision of APAR format in respect of Chief Controller of Accounts,
Controller of Accounts and Deputy Controller of Accounts from the year
2025-26 – reg.**

Sir/Madam,

1. It is informed that while conducting a DPC for the post of Controller of Accounts, UPSC has observed that the APAR format, currently used for writing the APARs does not contain the grading to be awarded by the Reporting and Reviewing Officer, for assessment of various attributes of the concerned officer. Therefore, this is not conducive to a fair and objective assessment process. Accordingly, vide letter No. F.No. 1/31(3)/2025-PD-2 dated 30.04.2025, UPSC has advised to take a note of the extant DoPT guidelines on preparation, maintenance of APARs and align the existing format for recording APARs. The UPSC has also provided the template of APAR format, used in Central Government/Ministries/ Department, for facilitation.

2. Accordingly, revised format of APAR, for the post of Chief Controller of Accounts, Controller of Accounts and Deputy Controller of Accounts, align with the existing format of recording of APAR, as per the DoPT guidelines on preparation and maintenance of APARs, is enclosed.

3. All the Pr. Secretaries/Secretaries/HoDs of the concerned departments are requested to circulate the revised format of APAR amongst the concerned officers working in their department, for writing of APARs in the revised format, with effect from the year 2025-26 onwards. Further, the APARs, in Old format will not be accepted, from the year 2025-26.

4. This issues with the prior approval of Addl. Chief Secretary(Finance).

Encl: As above


(L.D. JOSHI)
CONTROLLER OF ACCOUNTS (FD)

No. F.32/1/2025/HRD/CCU/1113-1116
Copy for information to:-

Dated: 11/06/2025

1. Website of Finance Department alongwith revised APAR format to be uploaded on the website of the Department.
2. Joint Secretary(PD), Union Public Service Commission, Dholpur House, Shahjahan Road, New Delhi w.r.t. letter F.No. 1/31(3)/2025-PD-2 dated 30.04.2025.
3. All the concerned officers through Department concerned, for information and further necessary action.

ANNUAL PERFORMANCE APPRAISAL REPORT
FOR OFFICERS OF THE
GOVT. OF NCT OF DELHI ACCOUNTS SERVICE

CHIEF CONTROLLER OF ACCOUNTS,
CONTROLLER OF ACCOUNTS

AND

DEPUTY CONTROLLER OF ACCOUNTS

Name of officer (in Capital Letters) :

Department :

Report for the period : From _____ to _____

Annual Performance Appraisal Report (APAR) of Chief Controller of
Accounts/ Controller of Accounts / Deputy Controller of Accounts

Report of the period fromto

Department of.....

Form

Annual Performance Appraisal Report of Chief Controller of Accounts,
Controller of Accounts and Deputy Controller of Accounts

Report of the year/period ending.....

PERSONAL DATA

PART-1.

(To be filled by the Administrative Section concerned of the office of the Department.)

1. **Name of Officer
(In capital letter)** :
2. **Date of Birth** :
3. **Date of continuous
appointment to the present
grade** :
4. **Present post and date of
appointment thereto** :
5. **Period of absence from duty
(on leave, training etc.) during
the year. If he has undergone
training, please specify.** :
6. **Departmental Exam passed
i.e. Common AAO Exam. and
year of passing** :
7. **Educational Qualification** :

PART-2

[To be filled by the Officer Reported upon]

1. Brief description of the duties. :-

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2. 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 item of work, in the order of Priority and your achievement against each target.

Targets	Achievements

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

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

4. Please state whether the annual return on immovable property for the preceding calendar year was filed 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.

Signature of the officer reported upon.

Date:

Place:

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 grade and 10 to the highest.(Please read carefully the guidelines before filling the entries)

(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 section 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 Skills			
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”			

(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). Knowledge of Rules/Regulations/ Procedures in the area of function and ability to apply them correctly.			
ii). Strategic planning ability			
iii). Decision making ability			
iv). Coordination ability			
v). Ability to motivate and develop subordinates			
vi). Initiative			
Overall Grading on “Functional Competency”.			

PART-4

GENERAL

1. Relation with the public (wherever applicable).

(Please comment on the Officer’s accessibility to the public and responsiveness to their needs.

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2. Training.

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

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3. State of Health:

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4. Integrity:

(Please comment on the integrity of the officer)

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5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength and leaser strength, extraordinary achievements, significant failures (ref:3(A)&3(B) of Part-2) and attitude towards weaker sections.

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6. Overall numerical grading on the basis of weightage given in Section A, B & C in Part-3 of the Report.

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Signature of the Reporting Officer

Place:

Name in block letters:.....

Date:

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

PART-5.

REMARKS OF THE REVIEWING OFFICER:

1. Length of service under the Reviewing Officer.

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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 officer reported upon? [refer Part-3(A)(iv)& Part -4(5)] (in case you do not agree with any of the numerical assessments of attributes, please record your assessment on the column provided for you in that section and initial your entries)

YES	NO
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3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add.?

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4. **Pen picture by the 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

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5. **Overall numerical grading** on the basis of weightage given in Section A, Section B & Section C in Part-3 of the Report.

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Signature of the Reviewing Officer

Place: Name in block letters.....

Date : Designation :.....
(During the report period).

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

- | | | | |
|---|---|-----|----|
| 1. Name and designation of the officer reported upon: | | | |
| 2. Year / Period of Assessment: | | | |
| 3. Date of Disclosure of APAR to the officer reported upon: | | | |
| 4. Whether representation received from the officer reported upon | <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 50%; height: 40px;">Yes</td><td style="width: 50%; height: 40px;">No</td></tr></table> | Yes | No |
| Yes | No | | |
| 5. If yes, date of disclosure to the officer reported upon after consideration of his/her representation: | | | |

**Signature of the forwarding authority
with Seal
Date:**