**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 from ………………….to ………………….

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. :-

|  |
| --- |
|  |

**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**.**

|  |
| --- |
|  |

**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 of the officer)

|  |
| --- |
|  |

**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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

 **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.

|  |
| --- |
|  |

1. 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** |

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

|  |
| --- |
|  |

1. **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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Signature of the Reviewing Officer**

Place: Name in block letters……………………………

Designation :…………………………..

Date : (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 | 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:** |