

PERFORMANCE APPRAISAL FORM I
(TO BE SUBMITTED BY EMPLOYEES OF AND ABOVE THE OFFICE ASSISTANTS, COMPUTER OPERATORS ETC.)

PART I

Division _____ Appraisal of : _____ (In block letters)
For the period: _____

Name	
Date of birth	
Post	
Date of entry in CAPE's Service	
Date of appointment to the present post	
Date of entry in the present division	
Pay and Scale of pay	
Date from which functioning in the present grade continuously	
Subject dealt with according to the office order distributing work	

a. EDUCATIONAL AND OTHER QUALIFICATIONS

	General	Department	Special	Other skills, if any
1	10 th Class	Board of Public Examinations		
2	Plus-two	Board of Higher Secondary Education		
3	Degree			
4				

b. EXPERIENCE

Division	Category of work	Period	
		From	To
College of Egg: Perumon			On wards

c. SELF-ASSESSMENT

(To be obtained from the repartee in a separate sheet and filed as part of the facing sheet of the form)

Instructions for reporting officers

1. Consider only one factor at a time
2. Study each factor and the specifications for each grade.
3. Review upon completion to see that the rating of each factor applies exclusively to the individual's actual performance on this job.
4. Comment fully at the bottom of the page and on reverse side upon any matter, which in your opinion needs explanation.
5. Put a tick (✓) mark in the appropriate boxes provided here under.

ASSESSMENT BY THE REPORTING OFFICER

Factor	Grade A (Max.Marks - 10)	Grade B (Max.Marks - 6)	Grade C (Max.Marks - 3)	Grade D (No Marks)	Marks Awarded
Intelligence	Extra ordinarily proficient and resourceful and understanding new and difficult matters	Quite able to handle new and difficult matters	Normally understands a new situation after proper explanations and handles it if given all directions	Poor comprehension. Usually fails to perform a function despite prior instructions.	
Discipline	Exemplary conduct	Observes the code of conduct	Tries to follow the general code of conduct	Indifferent to general code of conduct	
Punctuality and promptness. Exactness in keeping time in attending office, keeping appointment, discharge of official duties and observance of time limits as per manuals standing orders	Exceptionally punctual and prompt	Always punctual and prompt	Usually punctual and prompt	Not punctual and prompt	
Responsibility and dependability. Unconscientiousness towards duty	Very conscientious and dependable in the performance of the job. Always ready to take responsibility.	Conscientious and steady worker. Has a good record of dependability.	Carries out his responsibility in a routine manner.	Often fails to perform his duty. Shirks responsibility	
Interest in the assignment. Interest and the capacity to see that the work is done	Has initiative and takes keen interest.	Takes adequate interest.	Does his work in a routine way.	Indifferent in the discharge of his duties	
Technical and general knowledge about the work he is doing. General (of this and related subject) or versatility. Of work. Uptodateness	Has an unusually thorough and comprehensive mastery of his field of work. Strives to expand his frontier of knowledge.	Knows his job.	Possesses just adequate knowledge required of the job.	Knowledge inadequate. Has not yet gained competence.	
Noting, drafting & correspondence. Ability to prepare notes and handle correspondence with official reference. Accuracy Thoroughness Power of analysis Power of expression	Very precise in noting and drafting very prompt and accurate at correspondence. His drafts need no editing.	Precise in noting and drafting. Good at Correspondence. His drafts seldom require editing.	Ordinary at noting and drafting. His drafts need editing. Tries to handle correspondence in time if properly supervised.	Poor in noting and drafting. Careless in handling correspondence	

Maintenance of registers and Records. Quality in maintaining register and records.	Very neat and meticulous in the maintenance of registers and records	Keeps registers and records clean and upto date.	Tries to maintain registers and records in a routine manner	Does not maintain registers and records properly	
Work Turnover	Consistently exceeds requirements.	Frequently exceeds requirements.	Meets requirements	Consistently below requirements	
Efficiency in Computer Operation developing tools Office Automation	Has excellent command over computers with ability to write front-end programs which usually results in getting things done very quickly	Has good working knowledge of Word Processing, Spread-Sheeting and Presentation. Tools and does all correspondences and computations on the Computer	Can work with computers, if required	able Not able to operate computer	
Points for punishment awarded during the reporting period.	Severe punishment such as Suspension Maxi Minus Mark -75	Considerable punishment such with holding of increment etc. Max Minus Mark - 50	Mild punishment such as fines etc. Max Minus Mark - 25	Warning Memos Max Minus Mark - 10	
AND TOTAL (of Marks)					

Period of Punishment, if any.

Documents awarded to the officer, (if any) attach copies of the Orders of Punishment.

GENERAL

1 Do you know of any physical disability or health problem Which prevents this officer from working to full capacity? Yes () No ()
If yes, please explain the nature of the problem

) Comment with special reference to:

- (a) The adverse remarks passed against the employee within the course of his performance or the disciplinary action taken against him during the period under report.
- (b) The efforts made to improve the functioning of the employee where his performance with reference to the factors enumerated in this report is considered not up to the mark or poor.
- (c) The important requirements of factors which affect the effectiveness of the work of the officer such as special difficulties or handicaps, amount of direct or indirect supervision, the emergency demands, if any, etc.
- (d) Specific instances of any work worthy of being mentioned in support of the assessment in the graphic section.

Add separate sheets if necessary)

Signature of Reporting Officer:

Name:

Date of submission to Reviewing Officer:

Designation:

REMARKS OF THE REVIEWING OFFICER/AUTHORITY

Section B

1. Length of service under him

2. Do you agree with the assessment made by the Reporting Officer? Yes () No ()
Anything you wish to modify or add, please elaborate
(Add separate sheets if necessary)

3. Has the Officer any special characteristics and or/any outstanding merit or abilities which would justify his advancement and special selection for higher appointment out of turn? Yes () No ()

If yes, please give details:
(Add separate sheets if necessary)

Date:

Signature of the Reviewing Officer/Authority:

Name:

Designation:

I have read this report

Signature of the Officer reported upon:

Date:

PART II - SECRET

(Not to be shown to the Officer reported upon)
(This part will not be the basis of promotion in the normal course)

1. (So as to judge his suitability for assignment to sensitive posts)

Has anything come to your knowledge which reflects adversely on the Officers loyalty Yes () No ()
If 'Yes' please give details
(Add separate sheets if necessary)

2. Integrity and General reputation
 - (a) Has anything come to your knowledge either as oral or written complaint or otherwise which reflects adversely
 - (1) On the Officer's ability to honestly execute his duties Yes () No ()
 - (2) Showing favoritism in discharging his duties Yes () No ()

 - (b) If 'Yes', please give details of the case/cases
 - (1) Has there been any preliminary finding regarding the corrupt Practices of the Officer. Yes () No ()
 - (2) Has any case of corruption on the Officer been referred to Vigilance Department, after preliminary enquiries Yes () No ()
If 'Yes' give details

3. Whether the Employee require any training for the purpose of his present job or for any higher responsibilities. Yes () No ()

4. Whether the employees should be posted to some other section/office for better work or for other reasons (to be specified) Yes () No ()

Date:

Signature of the Reporting Officer

Name:

Designation:

Remarks of the reviewing Officer/Authority

Do you agree with the assessment made by the reporting Officer Yes () No ()

If you wish to modify anything or add, please elaborate:

Signature of the Reviewing Officer/Authority

Name:

Designation:

Date: