

## INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI

(Established by Ministry of Human Resource Development, Govt. of India) Sector 81, Knowledge City, P. O. Manauli, S. A. S. Nagar, Mohali, Punjab

YEAR- 20\_\_-\_

# ANNUAL PERFORMANCE APPRAISAL REPORT FOR GROUP 'B' AND GROUP 'C' CATEGORIES (TECHNICAL, SCIENTIFIC, STORE KEEPING AND OTHER CADRES) FOR THE PERIOD FROM

	RES) THE PERIOD FI	ROM	T	· O O	
		P	ART – I (T	O BE FILLED IN BY	THE OFFICE
1.	Name in Full	:			
	(in Block letters)				
2.	Whether the Office	er reported	upon belon	gs to Scheduled Caste	/Tribe/OBC:
3.	Unit/Establishmen	nt/Section	· ·		
4.	Date of Birth	:			
5.	Qualifications	:			
(a)	Academic :				
(b)	Technical :				
(c)	Training :				
6.	Date of entry into	continuous	Service of	IISER:	
7.	Permanent appoir	ntment held:	· ·		
Grade	e	_ from		_	
8.	Details of appoint	ments held	during the	year:-	
Post	Froi	n	to	Pay Band	Grade Pay
9.	Period of absence	-	(Leave) duri Compiled b		
		Date:	Designation by:(Sign)	& Signature of Admir	n Personnel)
		(Name, l	Designation	& Signature of Admir	n Personnel)
		ъ.			
		Date:			
NOT	E: Please do not lea		ımn blank		

#### Part II- Self Appraisal

(To be filled in by the official reported upon)

	(Objectives of the position you hold and the tasks you are required to perform, in about 100		
2. Annual work plan and			
Tasks to be performed	Targets set for the year	Actual Achievements	
NOTE: Please do not leave any co	olumn blank		
Name and initials of the Officer	(reported upon)		

3.	During the period under report, do you believe that you have made any exceptional			
	contribution, e.g. successful completion of an extraordinary challenging task or major			
	systematic improvements (resulting in significant benefit to the user/stake holder and/or			
	reduction in time and costs)? If so, please give a brief description (within 100 words)			
4.	What are the factors that hindered your performance?			
5.	Please indicate specific areas in which you feel the need to upgrade your skills through			
	training programmes.			
-				
Date:	(Signature of officer reported upon)			
NOTE:	: Please do not leave any column blank			

#### Part – III Appraisal/Rating Sheet

(To be filled in by the reporting officer) 1. Length of Service under Reporting Officer From To 2. Please state whether you agree with the responses relating to the accomplishments of the work plan and unforeseen tasks as filled out in Section II. If not, please furnish actual details. 3. Please comment on the claim (if made) of exceptional contribution by the Officer reported upon. 4. Has the officer reported upon met with any significant failures in respect of his work? If yes, please furnish actual details.

NOTE: Please do not leave any column blank.

Signature of the Reporting Officer

6. Assessment of work output (This assessment should rate the officer vis-a-vis his peers and not the general population. Grades should be assigned on scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to the best grade. Weightage to this Section will be 40%.  Reporting Authority  I. Accomplishment of planned work  II. Quality of output  III. Accomplishment of exceptional work/unforescent tasks performed  IV. Analytical Ability  Overall grading on 'Work Output'  7. Assessment of Personal Attributes (on a scale of 1-10, weightage to this section will be 30%)  Reporting Authority  I. Attitude to Work  II. Sense of responsibility  III. Punctuality in attendance  IV. Interpersonal relations  V. Communication skills  VI. Team Spirit  VII. Capacity to work in time limit  Overall Grading on Personal Attributes	5. Do you agree with the skill up-grad	ation needs as identified by the officer?
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VI. Team Spirit VII. Capacity to work in time limit	IV. Interpersonal relations	
VII. Capacity to work in time limit	V. Communication skills	
	VI. Team Spirit	
Overall Grading on Personal Attributes	VII. Capacity to work in time limit	
	Overall Grading on Personal Attributes	

NOTE : Please do not leave any column blank

Signature of the Reporting Officer

30%)	
	Reporting Authority
I. Knowledge of Rules / Regulations / Procedures in the area of function and the ability to apply them correctly.	
II. Technical Knowledge	
III. Professional Writing Skills	
IV. Coordination ability	
Overall grading on 'Functional Competency'	
9. Integrity :	
10. State of health :	
11. Details of Disciplinary Action during	g the year :
12. Comments of the Reporting Officer	(in about 100 words) on overall qualities of the office
reported upon, including areas of str	rength and weakness and his/her attitude towards weake
sections.	
13. Overall Grade (on score of 1-10)	
Date:	(Signature of Reporting Authority)
Place:	Telephone No

8. Assessment of Functional Competency (on a scale of 1-10, Weightage to this section will be

NOTE : Please do not leave any column blank

### Part IV: Remarks by Reviewing Officer

1.	Length of service under Reviewing Officer. From to
2.	Do you agree with the assessment made by the Reporting Officer with respect to the work
	output and various attributes in Part III? Do you agree with the assessment of the Reporting
	Officer in respect of extraordinary achievements and/or significant failures of the Officer
	Reported Upon? Is the assessment justified or liberal? (In case you do not agree with any
	of the numerical assessment of attributes, please record your assessment in the column
	provided for you in that section. Otherwise, put a cross across the column)
	Yes/No
3.	In case of difference of opinion, details and reasons for the same may be given.
4.	Comments of the reviewing officer (in about 100 words) on overall qualities of the officer
	reported upon including areas of strength and weakness and his/her attitude towards weaker
	sections.
	sections.
_	
5.	Overall Grade (on score of 1-10)
_	
Date:	(Signature of Reviewing Authority)
Place:	Telephone no
NOTE	: Please do not leave any column blank.