

# Performance Appraisal Report (PAR) for Group A & B Officers of the Government of Orissa

## Transmission Record

Following is to be normally filled in by the Appraiser[ ] failing which by Reporting Authority[ ] / Establishment Branch [ ]. Tick[√]which ever is applicable											
Financial Year: _____ For the period.* from __/__/_____ to __/__/_____											
Full Name of the Officer :											
Date of Birth:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			-			-				
		-			-						
Service to which the officer belongs:											
Group (A/B) to which the officer belongs:											
Designation during the period :											
Office to which posted:											
Head Quarters:											
<b>Details of Transmission / Movement of PAR</b> (The relevant portion will be filled in at the time of transmission of PAR by respective transmitting staff.)											
<b>Transmission at the Appraiser level.</b>											
Name of the Appraiser											
Designation during the period of report.											
Current Designation & Address (at the time of transmission of the PAR)											
Letter No./U.O.I. No. & / or Date by which PAR was transmitted to the Reporting Authority/office.											
Name Current designation & address of the Reporting Authority/office to whom PAR was transmitted.											
Name & designation of appraiser/staff transmitting the PAR (If given directly by appraiser write "SELF")											
Signature of the appraiser/staff transmitting the PAR											
<b>Transmission at the Reporting Authority level[(i)First Reporting Authority/(ii)Second Reporting Authority(if any)]</b>											
Name of the Reporting Authority	(i)										
	(ii)										
Designation during the period of report.	(i)										
	(ii)										
Current Designation & Address(at the time of transmission of the PAR)	(i)										
	(ii)										
Letter No. & Date by which PAR was transmitted to the Reviewing Authority/office.	(i)										
	(ii)										

\*Appraiser will submit his Self Assessment for the period separately for each Reporting Authority during the financial year.

Name Current designation & address of the Reviewing Authority/office to whom PAR was transmitted.	(i)
	(ii)
Name & designation of staff transmitting PAR	(i)
	(ii)
Signature of the staff transmitting PAR	(i)
	(ii)
<b>Transmission at the Reviewing Authority level [(i)First Reviewing Authority/(ii) Second Reviewing Authority (if any)]</b>	
Name of the Reviewing Authority	(i)
	(ii)
Designation during the period of report.	(i)
	(ii)
Current Designation & Address(at the time of transmission of the PAR)	(i)
	(ii)
Letter No. & Date by which PAR was transmitted to the Accepting Authority/office.	(i)
	(ii)
Name Current designation & address of the Accepting Authority/office to whom PAR was transmitted	(i)
	(ii)
Name & designation of staff transmitting PAR	(i)
	(ii)
Signature of the staff transmitting PAR	(i)
	(ii)
<b>Transmission at the Accepting Authority level</b>	
Name of the Accepting Authority	
Designation during the period of report.	
Current Designation & Address(at the time of transmission of the PAR)	
Letter No. & Date by which PAR was transmitted to the PAR Branch.	
Office to which PAR was transmitted.	
Name & designation of staff transmitting PAR	
Signature of the staff transmitting PAR	

## PERFORMANCE APPRAISAL REPORT

### PART-I

### PERSONAL DATA

*(To be filled in normally by the Appraisee [ /failing which by Reporting Authority[ ] / Establishment branch[ ]. Tick[√] which ever is applicable.)*

Financial Year : \_\_\_\_\_ for the period \*from :  to

1. Full Name of the Officer:

2. Date of Birth:

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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:

7. Head Quarters:

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

### PART-II ( *Self-Appraisal to be filled in by the Appraisee* )

1. Brief description of duties including the duties performed while in the additional charge of post(s). *(Primary duties of the job in less than 100 words)*

\*Appraisee will submit his Self Assessment for the period separately for each Reporting Authority during the financial year.

2. Please specify the important physical/financial/qualitative targets set for yourself or that set for you and your achievement against each target. For important tasks without any set targets, a brief description of the work performed may be also given. *(Please write only in the space provided, no extra sheets are to be attached.)*

Sl.No	Task	Target	Achievement	% of Achievement

3. Please indicate your special contributions, if any.  
*(e.g. challenging tasks or major systemic improvements.)*

4. What are the factors, if any, that hindered your performance ?

Signature of Appraisee:

Place:

Date:

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## APPRAISAL

### PART-III REMARKS OF THE REPORTING AUTHORITY

From

To

1. Length of service under the Reporting Authority



2. Assessment of work output, attributes &amp; 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.)**

Item	Description	Rating	Item	Description	Rating
<b>A Work Output</b>			9.	Ability to plan and organise his work	
1.	Quantity of Work Output		10.	Ability to work in a team	
2.	Quality of Output		11.	Inter-personal skills	
<b>B Personal Attributes</b>			12.	Oral communication skills	
3.	Sense of Responsibility		13.	Written communication skills	
4.	Overall bearing and personality		14.	Citizen focus	
5.	Innovativeness		15.	Leadership Qualities	
6.	Decisiveness		<b>C Functional Competencies</b>		
7.	Willingness to learn		16.	Subject/Sector specific knowledge	
8.	Ability to motivate and develop subordinates		17.	IT skills and competency	
			18.	Analytical ability	

3. (A) Pen Picture or General Assessment of the appraisee ( not more than 100 words).

3. (B) Inadequacies, deficiencies or shortcomings including on integrity, if any (**Remarks to be treated as adverse**). Mention specific supporting facts.

4. Attitude towards ST/SC and weaker sections:

5. Integrity (*If integrity is doubtful or adverse, please write "Not Certified" in the space below and justify your remarks in box 3-B*)

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**", please provide justification in the Adverse box at Section 3(B) given above. For overall grading "**Outstanding**" please provide **justification** in the space below.

Signature:

Name of Reporting Authority:

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 at Section 3(B).

## PART-IV REMARKS OF THE REVIEWING AUTHORITY

Period under Reviewing Authority :-From  to

1. Indicate if you agree with the assessment made by the Reporting Authority in Section 3 A of Part-III and give your general assessment.

2. Do you agree/partially agree/disagree with **adverse remarks** if any, given by the Reporting Authority in Section 3B of Part III? Give your remarks on inadequacies, deficiencies or shortcomings including on integrity if any (**Remarks to be treated as adverse**). Mention specific supporting facts.

3. 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Overall Grading “**Below Average**”, please provide justification in the Adverse box in Part-IV, Section -2 above. For overall grading “**Outstanding**”, please provide **justification** in the space below.

Signature:

Name of Reviewing Authority :

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 in Part-IV, Section 2, if Reporting Authority has not already justified in Section 3(B) of Part III.

**PART-V****REMARKS OF THE ACCEPTING AUTHORITY**

Signature:

Name of Accepting Authority :

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]