

भारतीय प्रौद्योगिकी संस्थान रुड़की
INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

ANNUAL PERFORMANCE ASSESSMENT REPORT: GROUP 'A' OFFICERS

(This form consist of Part A, B & C)

Reporting Period: _____ to _____

Name: _____ Designation: _____

Pay Level: _____

Section / Department: _____ Whether SC/ST: _____

Part A: Self Appraisal (to be filled in by the officer reported upon)

Give, brief appraisal on following aspects as applicable (Enclose separate sheet, if required)

A-1 Provide major responsibilities and a brief write-up on significant contributions achievements/innovations and deficiencies, if any, against each responsibility.

A-2 Please specify targets/objectives/goals (quantitative or other terms) of work you set for yourself or that were set for you, and your outcome against each target in the order of priority.

Target/Objectives/Goals	Achievements

A-3 Provide details of Professional growth, additional qualifications, training, new skills, Self-Development, Professional Courses etc. acquired by you.

A-4 Suggestion, if any, for improving:

(i) Your own performance

(ii) Performance of the Section

Date: _____

Respondent

INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

ANNUAL PERFORMANCE ASSESSMENT REPORT: GROUP 'A' OFFICERS

Period from: to

Reporting Officer:

Name:

Designation:

Pay Level:

Section / Department:

(The Minimum period for valid review is three months)

PART: B

APPRAISAL TO BE FILLED BY REPORTING OFFICER

Please tick (√) in appropriate column as per following scale given below. Blank space may be used to appraise other attributes.

A: Outstanding - 10

C: Good - 06

E: Average - 03

B: Very Good - 08

D: Satisfactory - 05

NA: Not applicable/

No basis for judgment

B-1 WORK COMPETENCE

S. No.	Attributes	A	B	C	D	E	NA	Comments of Reviewing Officer, if any
1.	Professional/Technical Knowledge							
2.	Knowledge of Administrative Procedures							
3.	Planning/Organization							
4.	Receptivity to new ideas							
5.	Promptness in work							
6.	Quality of work							
7.	Innovation							
8.	Written Communication							
9.	Oral Communication							

B-2 SUPERVISORY COMPETENCE

S. No.	Attributes	A	B	C	D	E	NA	Comments of Reviewing Officer, if any
1.	Delegation							
2.	Resolving of conflicts between subordinates							
3.	Motivating subordinates							
4.	Monitoring quality & time schedule							
5.	Mentorship							

B-3 PERSONAL CHARACTERISTICS

S. No.	Attributes	A	B	C	D	E	NA	Comments of Reviewing Officer, if any
1.	Leadership							
2.	Ability to work in a team							
3.	Initiative/Drive							
4.	Integrity							
5.	Rapport with superiors							
6.	Interpersonal relations with colleagues							
7.	Interpersonal relations with subordinates							
8.	Maturity							
9.	Attitude to work							
10.	Commitment to the Institute							

Suggestions, if any, for the personal development of the Officer:

.....

Any other advice, to improve the potential of the Officer for his growth :

.....

B-4 OVERALL ASSESSMENT OF REPORTING OFFICER

(a) Outstanding (b) Very Good (c) Good (d) Satisfactory (e) Average

I have shared the assessment with the Officer reported upon.

Signature of the Reporting Officer

Name

Designation

Date:

PART: C

REMARKS OF REVIEWING OFFICER

(The minimum period of valid review is three months)

1. If the Officer reported upon is a member of SC/ST, please indicate specially whether the attitude of the Reporting Officer in his assessment of the Officer reported has been fair and just:

Yes/No/NA

2. Overall Assessment :

(a) Outstanding (b) Very Good (c) Good (d) Satisfactory (e) Average

3. Attribute rated as **average (e)** will be communicated to the Officer. Other remarks, if any, which are to be communicated :

4. Suggestions, if any, for the personal development of the Officer.

5. Any other comment(s):

Signature of the Reviewing officer

Name

Designation

Date: