



**ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR)**  
**IN RESPECT OF OFFICERS OF THE RANK OF**  
**MultiTasking Staff ( PEON/DAFTARY/JAMADAR/CHOWKIDAR/**  
**SAFAIWALA)**

**PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_**

(1)

**ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR)**  
**IN RESPECT OF OFFICERS OF THE RANK OF**  
**Multitasking Staff ( Peon/ Daftary/ Jamadar/ Chowkidar/ Safaiwala)**

Annual performance Assessment Report for the period from -----to-----

**PART I – PERSONAL DATA**

**(To be filled in by the Administrative/Personnel Division)**

1. Name of the official reported upon :
2. Designation/Post held :
3. Date of Birth:
4. Educational Qualification
5. Date of joining Govt. Service:
6. Date of appointment to present post:
7. Section in which served during the year under report  
and period of service
8. Training Programme attended during the period under report

| Date from | Date to | Institute | Course/Training attended |
|-----------|---------|-----------|--------------------------|
|           |         |           |                          |
|           |         |           |                          |

Name

Designation

APAR period



9. Rewards/Punishments received during the period under report

Signature of Admn Section:

Compiled by:

Date:

Place:

Name \_\_\_\_\_

Designation \_\_\_\_\_

APAR period \_\_\_\_\_



**PART II- SELF APPRAISAL**

1. Brief Description of duties

(Objectives of the position you hold and the tasks you are required to perform, WITHIN 100 words)

2. During the period under report, please mention your work output including any exceptional contribution.

Name \_\_\_\_\_

Designation \_\_\_\_\_

APAR period \_\_\_\_\_

**PART III – REMARKS OF THE REPORTING OFFICER****1. NUMERICAL GRADING****A. ASSESSMET OF WORK OUTPUT (weightage to this section is 40%)**

|   | Reporting Authority<br>(A) | Reviewing<br>Authority<br>(A1) | Initial of<br>Reviewing<br>Authority |
|---|----------------------------|--------------------------------|--------------------------------------|
| i) Accomplishment of work & Quality of output   |                            |                                |                                      |
| ii) Exceptional work other than normal work   |                            |                                |                                      |
| Overall Grading-Total Score('e.g. for WorkOutput;(X);AverageScore=X/2=Y;Weigthage 40%=Yx0.4)=A/A1 |                            |                                |                                      |

**B. ASSESSMENT OF PERSONAL ATTRIBUTES(weightage to this section is 30%)**

|  | Reporting Authority<br>(B) | Reviewing<br>Authority<br>(B1) | Initial of<br>Reviewing<br>Authority |
|--|----------------------------|--------------------------------|--------------------------------------|
| i) Attitude to work/ Sense of responsibility                                   |                            |                                |                                      |
| ii)Maintenance of Discipline   |                            |                                |                                      |
| iii) Punctuality   |                            |                                |                                      |
| iv) Inter-personal relations   |                            |                                |                                      |
| v) Capacity and willingness to do extra work/share responsibility              |                            |                                |                                      |
| Overall Grading-Total score (X);Average Score=X/5=Y;Weightage 30%=Yx 0.3 =B/B1 |                            |                                |                                      |

**(C) ASSESSMENT OF FUNCTIONAL COMPETENCY(weightage to this section would be 30%)**

|  | Reporting Authority<br>(C) | Reviewing<br>Authority<br>(C1) | Initial of<br>Reviewing<br>Authority |
|--|----------------------------|--------------------------------|--------------------------------------|
| i) Knowledge in the area of work   |                            |                                |                                      |
| ii) ability to understand orders and follow them   |                            |                                |                                      |
| iii) Efficiency & effectiveness in the area of work  |                            |                                |                                      |
| Overall Grading on 'Functional Competency'<br>Total Score(X)<br>Average Score=X/3=Y<br>Weightage 30%=Y x0.3=C/C1 |                            |                                |                                      |

Overall Numerical grading on the basis of weightage given in 1(A+B+C) above (On a score of 1-10)

Name \_\_\_\_\_ Designation \_\_\_\_\_ APAR period \_\_\_\_\_

2. Pen picture by Reporting Officer. Please comment on the overall qualities of the officer including areas of strengths and lesser strengths.

|  |
|--|
|  |
|--|

3.

|   |  |
|---|--|
| Attitude towards SC/ST/Weaker sections of Society |  |
|---|--|

4. State of Health and fitness to perform the duty

|  |
|--|
|  |
|--|

5. Integrity (please see note attached at the end of this form)

Signature of Reporting Authority-----

Name and Designation of Reporting Authority  
(with official seal)

\_\_\_\_\_

Date:

Place:

Name \_\_\_\_\_ Designation \_\_\_\_\_ APAR period \_\_\_\_\_

**PART-IV - REMARKS OF THE REVIEWING OFFICER**

1. Do you agree with the assessments made by the reporting officer with respect to the work output and the various attributes in PART III? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements of the officer reported upon? (In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that part and initial your entries).

|     |    |
|-----|----|
| Yes | No |
|-----|----|

2. In case of difference of opinion details and reasons for the same may be given.

3. Comments, if any, on the pen picture written by the Reporting Authority

Overall Numerical grading on the basis of weightage given  
in 1(A1+B1+C1) above (On a score of 1-10)

Signature of Reviewing Authority-----

Name and Designation of  
Reviewing Authority \_\_\_\_\_  
(with official seal)

Date:

Place: