## Annual Performance Assessment Report (APAR)

#### For

Nagaland Govt. Servants (Group A and Group B Officers)

For the year/period.....

#### FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR GROUP 'A' AND GROUP 'B' OFFICERS

Annual Pe	rformance Ass	essment Report	t from		to	
		SEC	TION -	T		
			Informa			
		oe filled in by t			on)	
1. Name of the (	Official					
2. Service/Depa	rtment					
3. Date of Birth						
4. Date of entry	into Governme	ent Service				
5. Grade/Post (I	During the perio	od of report)				
6. Date of appoi	ntment to the p	resent post				
7. Reporting, R					Darie	od Worked
Authori	ty	Name & de	esignation		From	To
Reporting Author	ority				11011	
Reviewing Auth	nority					
Accepting Auth	-					
1 0						
8. Period of Ab	sence:					
V. 1 V. 1 V V V V V V V V V V V V V V V	From	To	)	Type		Remarks
On Leave						
Others						
9. Training Pro			4 ! 4 . 4 .			No. 1. 1 4
Date (from)	Date (to)	1	nstitute		<u>,                                    </u>	Subject
10. Awards/Ho	nours:					
10. Awarus/110	iiours.					

Date:

Signature on behalf of Administrative Head of Department/Head of Department/Head of Office (with seal)

#### <u>SECTION – II (Self Assessment)</u>

Brief description o	f duties:	
Describe your ac	hievements during the period under	r report, giving details of spe
argets set for you, if	any, and targets achieved.	Achievements
]	Targets/Objectives/Goals	Achievements
During the perio	d under report, do you believe tha	t you have made any excepti
antuibutions ag in	successful completion of an extraor	dinarily challenging task or m
estamatia improver	ment (resulting in significant benefits	s to the public and/or reduction
me and costs)? Be	specific, concise and give details in	a point wise manner, quantil
our achievements v	wherever possible.	

4. What are the reasons for not achieving speci- hindered your performance?	fic targets, if any? Give details of factors that
5. Please indicate specific areas in which you through training programs.  For the current assignment:	ou feel the need to upgrade your skills
For your future career:	
6. Please specify the number of tours/inspecunder report (applicable only in the case of field)	d officers):
No. and brief description of inspections or	No. and brief description of inspections or
tours expected to be performed during the year.	Tours actually performed with reasons
Please indicate if any specific target was fixed.	for shortfall, if any.
7. Have you completed the APARs of all subor previous reporting year?	dinate staff for the
8. Date of submission of self assessment to Rep	orting Authority:
Place:	Signature of the officer reported upon

#### SECTION - III (Assessment by Reporting Authority)

1. Please state whether you agree with the self assessment made by the officer reported upon, especially with regard to achievements made during the year.
2. Please comment on the claim (if made) of exceptional contribution by the officer reported upon.
3. Has the officer reported upon met with any significant failures in respect of his/her work or reprimanded for indifferent work or for other causes during the period under report? If yes, please furnish factual details.
yes, prease furnish facetan details.
4. Do you agree with the skill up gradation needs as identified by the officer?

5. State of Health	
6. Integrity (In general the remarks against the integrity column shat one of the following three options: (a) Beyond doubt doubtful, a secret note is attached. (c) Not watched the a definite judgement but nothing adverse has been report	(b) Since the integrity of the officer is officer's work for sufficient time to form

#### 7. Assessment

(This assessment should rate the officer vis-à-vis his/her peers and not the general population. The reporting officer will assess the officer by assigning grades on a scale of 1 to 10, with 1 referring to the lowest grade and 10 to the best grade)

(a) Assessment of work output:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Accomplishment of planned work/work allotted as per subjects allotted.			
2.	Quality of output			
3.	Analytical ability			
4.	Accomplishment of exceptional work/ unforeseen tasks performed			
	Total (a)			

#### (b) Assessment of Personal Attributes:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Attitude to work, sense of responsibility & maintenance of discipline			
2.	Leadership qualities, capacity to work in team spirit and capacity to work in time limit			
3.	Communication skills and Inter-personal relations			
	Total (b)			

No.	-	Authority	Authority	Reviewing Authority
1.	Knowledge of rules/regulations/procedures/IT Skills in the area of function and ability to apply them correctly			
2.	Strategic planning ability & decision making ability & Initiative			
3.	Co-ordination ability & ability to motivate and develop subordinates			
	Total (c)			
	Pen picture of the officer reported upon. Please commpetence of the officer reported upon.	nment on the	overall qual	ities and
9.	Overall Grade (on a scale of 1-10)		T	
	Total (a) + Total (b) + Total (c)			
	10			
Da	ate:		f the Reporti (with seal)	ng Authority
	Name	:,		
	Designation	on :		
	(During the	e period of re	eport)	
Date	of receipt of APAR from the officer reported upon			
Date	of submission of APAR to the Reviewing Authority			

Reporting Reviewing

Initials of

c) Assessment of functional competency: Sl. Description

is applicable only for distri	ct offic	cials)										
1. Participation and att deliberations/performance	endan e of th	ce in ne DP	DPI DB m	OB. C	Contr e spec	ibutio cifical	ons to ly me	ward ntion	s add ed:	ing val	ue to tl	ıe
2. Physical availability in	Statio	n du	ring t	he rep	portin	ig pei	riod (	n per	centag	ge):		
	100	90	80	70	60	50	40					
3. Performance of the off	icer in	exec	uting	depa	rtmer	ıt's a	ctiviti	es and	l schei	nes:		
4. Proactive action taked development of the Distriction		y the	offi	cer a	ind h	nis/he	r co	ıtribu	tions	toward	ls overa	II
5. Pen picture of the offic competence of the officer		orted	upon	ı. Plea	ase co	mme	nt on	the ov	erall (	qualitie	s and	

Date:

**Signature of Deputy Commissioner** 

(with seal)

<u>SECTION – IV (Assessment by the Deputy Commissioner of the District)</u> (This assessment should rate the officer vis-à-vis his/her peers with regard to his/her contribution to the regulatory and/or developmental activities of the officer in the district, and

#### SECTION - V (Assessment by the Reviewing Authority)

1. Do you agree with the assessment made by the reporting authority with respect to the work output and the various attributes in Section III & IV? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and /or significant failures of the Officer reported upon? (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 and initial):

2. In case of difference of opinion, detail	ls and reasons	for the same ma	y be given:
•			
3. Please comment on the overall qualit lesser strengths and his/her attitude exceeding 100 words):	ies of the office e towards wo	r including are rking the wea	as of strengths and ker sections (Not
4. Overall grade on a scale of 1 to 10:			
Date:		-	eviewing Authority h seal)
	Name	:	
	Designatio	on :	
		period of repor	rt)
Date of receipt of APAR from the Report			
Date of submission of APAR to the Acce	pting Authority		

#### SECTION - VI (Assessment by the Accepting Authority)

1. Do you agree with the remarks of the re	eporting/reviewing authorities?
Yes	No
2. In case of difference of opinion, details	and reasons for the same may be given.
3. Overall grade on a scale of 1 to 10:	
Date:	Signature of Accepting Authority (with seal)
	Name :
	Designation :

# Annual Performance Assessment Report (APAR)

For

Nagaland Govt. Servants (Group C Employees)

For the year/period.....

## FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR GROUP C EMPLOYEES

Annual Peri	formance Asse	ssment Report from	to	***************************************	
		SECTION Basic Informa  (To be filled in by the	tion		
1. Name of the Er		(10 00 miled in by the	Diripioyecy		
2. Service/Depart	ment				
3. Date of Birth					
4. Date of entry in	ito Governmen	nt Service			
5. Grade/Post (Du	iring the period	d of report)			
6. Date of appoint	tment to the pr	esent post			
7. Reporting, Re- Authority		cepting Authorities: Name & designation			Worked
Reporting Author	itsz		Fre	om	То
Reviewing Autho					
Accepting Author					
8. Period of Abso	ence:	To	Type		Remarks
On Leave					
Others					
9. Training Prog Date (from)	ram(s) Attended Date (to)	ded: Institute		Sub	ject
					V.
10. Awards/Hon	ours:				
AUT I WILLIAM	OUI D.				7A

Date:

Signature on behalf of Administrative Head of Department/Head of Department/Head of Office (with seal)

## SECTION - II (Self Assessment)

. Brief descri	ption of duties:	
Describe vo	our achievements during the period unde	er report, giving details of spec
	you, if any, and targets achieved.	
	Targets/Objectives/Goals	Achievements
*		
	e.g. in successful completion of an extraor	
	provement (resulting in significant benefit	
	s)? Be specific, concise and give details in	a point wise manner, quantify
our achievem	ients wherever possible.	

4. What are the reasons for not achieving specific targets, if any? Give details of factors that				
hindered your performance?				
5. Please indicate specific areas in which y	ou feel the need to upgrade your skills			
through training programs.				
For the current assignment:				
For your future career:				
6. Please specify the number of tours/inspe	ections performed by you during the period			
under report (applicable only in the case of fie	eld officers):			
No. and brief description of inspections or	No. and brief description of inspections or			
tours expected to be performed during the year.	tours actually performed with reasons			
Please indicate if any specific target was fixed.	for shortfall, if any.			
7. Date of submission of self assessment to Rep	norting Authority:			
7. Date of submission of sen assessment to Ke	porting Authority.			
Place:	Signature of the officer reported upon			

## SECTION - III (Assessment by Reporting Authority)

1. Please state whether you agree with the self assessment made by the employee, especially with regard to achievements made during the year.
2. Please comment on the claim (if made) of exceptional contribution by the employee.
3. Has the employee met with any significant failures in respect of his/her work or reprimanded for indifferent work or for other causes during the period under report? If yes, please furnish factual details.
4. Do you agree with the skill up gradation needs as identified by the employee?

5. 5	State of Health			
6	Integrity			
	general the remarks against the integrity column shall	l be made by	the Reporting	Authority in
	e of the following three options: (a) Beyond doubt. (b			
do	ubtful, a secret note is attached. (c) Not watched the	employee's	work for suff	icient time to
for	m a definite judgement but nothing adverse has been re	eported to me	about the off	icer)
7. As	ssessment			
	s assessment should rate the employee vis-à-vis l	his/her peers	and not the	e general
	lation. The reporting officer will assess the employee			
to 10	), with 1 referring to the lowest grade and 10 to the bes	t grade)		
(a) A	esceement of work output:			
Sl.	Assessment of work output:  Description	Reporting	Reviewing	Initials of
No.	Description	Authority	Authority	Reviewing
			Taddio Taty	Authority
1.	Accomplishment of planned work/work allotted as			
	per subjects allotted.			
2.	Quality of output			
3.	Analytical ability			
4.	Accomplishment of exceptional work/ unforeseen			
	tasks performed Total (a)			
	Total (a)			
Value of the last	Assessment of Personal Attributes:			
Sl.	Description	Reporting	Reviewing	Initials of
No.		Authority	Authority	Reviewing
1.	Attitude to work, sense of responsibility &			Authority
•	maintenance of discipline			
2.	Leadership qualities, capacity to work in team spirit			
CONTRIBUTION OF	and capacity to work in time limit			
3.	Communication skills and Inter-personal relations			
	Total (b)			

	them correctly			
2.	Strategic planning ability & decision making ability			
	& Initiative			
3.	Co-ordination ability & ability to motivate and			
	develop subordinates			
	Total (c)			
	Pen picture of the employee. Please comment on the the employee.	e overall quali	ties and com	petence
5.	Overall Grade (on a scale of 1-10)  Total (a) + Total (b) + Total (c)			
	10			
Da	Name Designation	:	vith seal)	ig Authority
Data		e period of rep	ort)	
Date	of receipt of APAR from the employee			

Reporting

Authority

Reviewing

Authority

Initials of

Reviewing

Authority

c) Assessment of functional competency:

SI.

No.

Knowledge

Description

Skills in the area of function and ability to apply

rules/regulations/procedures/IT

### SECTION – IV (Assessment by the Reviewing Authority)

1. Do you agree with the assessment made by the reporting authority with respect to the work output and the various attributes in Section III & IV? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and /or significant failures of the employee? (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 and initial):

	Yes No
2. In case of difference of opinion, detai	ils and reasons for the same may be given:
3 Places comment on the overall quali	ities of the employee including areas of strengths
200	ude towards working the weaker sections (Not
4. Overall grade on a scale of 1 to 10:	
Date:	Signature of Reviewing Authority (with seal)
	Name :
	Designation :
	(During the period of report)
Data of receipt of ADAD from the Dense	ting Authority
Date of receipt of APAR from the Report	ting Authority

Date of submission of APAR to the Accepting Authority

## SECTION - V (Assessment by the Accepting Authority)

N.Z.	D.T.	
Y	es N	0
. In case of difference of opinion, detail	ls and reaso	ons for the same may be given.
3. Overall grade on a scale of 1 to 10:		
Pate:		Signature of Accepting Authority (with seal)
	Name	
	Design	nation :
		the period of report)