

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 Performance Assessment Report from _____ to _____

SECTION - I

Basic Information

(To be filled in by the Officer reported upon)

1. Name of the Official	
2. Service/Department	
3. Date of Birth	
4. Date of entry into Government Service	
5. Grade/Post (During the period of report)	
6. Date of appointment to the present post	

7. Reporting, Reviewing & Accepting Authorities:

Authority	Name & designation	Period Worked	
		From	To
Reporting Authority			
Reviewing Authority			
Accepting Authority			

8. Period of Absence:

	From	To	Type	Remarks
On Leave				
Others				

9. Training Program(s) Attended:

Date (from)	Date (to)	Institute	Subject

10. Awards/Honours:

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Date:

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

SECTION – II (Self Assessment)

1. Brief description of duties:

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2. Describe your achievements during the period under report, giving details of specific targets set for you, if any, and targets achieved.

Targets/Objectives/Goals	Achievements

3. During the period under report, do you believe that you have made any exceptional contributions e.g. in successful completion of an extraordinarily challenging task or major systematic improvement (resulting in significant benefits to the public and/or reduction in time and costs)? Be specific, concise and give details in a point wise manner, quantifying your achievements wherever possible.

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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 you 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/inspections performed by you during the period under report (applicable only in the case of field officers):

No. and brief description of inspections or tours expected to be performed during the year. Please indicate if any specific target was fixed.	No. and brief description of inspections or Tours actually performed with reasons for shortfall, if any.

7. Have you completed the APARs of all subordinate staff for the previous reporting year?

8. Date of submission of self assessment to Reporting 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.

4. Do you agree with the skill up gradation needs as identified by the officer?

5. State of Health

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6. Integrity

(In general the remarks against the integrity column shall be made by the Reporting Authority in one of the following three options: (a) Beyond doubt. (b) Since the integrity of the officer is doubtful, a secret note is attached. (c) Not watched the officer's work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the officer)

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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)			

c) Assessment of functional competency:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of 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)			

8. Pen picture of the officer reported upon. Please comment on the overall qualities and competence of the officer reported upon.

9. Overall Grade (on a scale of 1-10)

$\frac{\text{Total (a) + Total (b) + Total (c)}}{10}$	
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Date:

**Signature of the Reporting Authority
(with seal)**

Name : _____

Designation : _____
(During the period of report)

Date of receipt of APAR from the officer reported upon	
Date of submission of APAR to the Reviewing Authority	

SECTION – IV (Assessment by the Deputy Commissioner of the District)

(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 is applicable only for district officials)

- 1. Participation and attendance in DPDB. Contributions towards adding value to the deliberations/performance of the DPDB may be specifically mentioned:**

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- 2. Physical availability in Station during the reporting period (in percentage):**

100	90	80	70	60	50	40
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- 3. Performance of the officer in executing department's activities and schemes:**

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- 4. Proactive action taken by the officer and his/her contributions towards overall development of the District:**

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- 5. Pen picture of the officer reported upon. Please comment on the overall qualities and competence of the officer:**

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Date:

**Signature of Deputy Commissioner
(with seal)**

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):*

Yes	No
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2. In case of difference of opinion, details and reasons for the same may be given:

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3. Please comment on the overall qualities of the officer including areas of strengths and lesser strengths and his/her attitude towards working the weaker sections (Not exceeding 100 words):

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4. Overall grade on a scale of 1 to 10:

Date:

Signature of Reviewing Authority
(with seal)

Name : _____

Designation : _____
(During the period of report)


Date of receipt of APAR from the Reporting Authority	
Date of submission of APAR to the Accepting Authority	

SECTION – VI (Assessment by the Accepting Authority)

1. Do you agree with the remarks of the reporting/reviewing authorities?

Yes	No
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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:

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Date:

**Signature of Accepting Authority
(with seal)**

Name : _____

Designation : _____
(During the period of report)

(During the period of report)

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 Performance Assessment Report from _____ to _____

SECTION - I

Basic Information

(To be filled in by the Employee)

1. Name of the Employee	
2. Service/Department	
3. Date of Birth	
4. Date of entry into Government Service	
5. Grade/Post (During the period of report)	
6. Date of appointment to the present post	

7. Reporting, Reviewing & Accepting Authorities:

Authority	Name & designation	Period Worked	
		From	To
Reporting Authority			
Reviewing Authority			
Accepting Authority			

8. Period of Absence:

	From	To	Type	Remarks
On Leave				
Others				

9. Training Program(s) Attended:

Date (from)	Date (to)	Institute	Subject

10. Awards/Honours:

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Date:

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

SECTION – II (Self Assessment)

1. Brief description of duties:

2. Describe your achievements during the period under report, giving details of specific targets set for you, if any, and targets achieved.

Targets/Objectives/Goals	Achievements

3. During the period under report, do you believe that you have made any exceptional contributions e.g. in successful completion of an extraordinarily challenging task or major systematic improvement (resulting in significant benefits to the public and/or reduction in time and costs)? Be specific, concise and give details in a point wise manner, quantifying your achievements wherever possible.

4. What are the reasons for not achieving specific targets, if any? Give details of factors that hindered your performance?

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5. Please indicate specific areas in which you feel the need to upgrade your skills through training programs.

For the current assignment:

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For your future career:

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6. Please specify the number of tours/inspections performed by you during the period under report (applicable only in the case of field officers):

No. and brief description of inspections or tours expected to be performed during the year. Please indicate if any specific target was fixed.	No. and brief description of inspections or tours actually performed with reasons for shortfall, if any.

7. Date of submission of self assessment to Reporting Authority:

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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. State of Health

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6. Integrity

(In general the remarks against the integrity column shall be made by the Reporting Authority in one of the following three options: (a) Beyond doubt. (b) Since the integrity of the employee is doubtful, a secret note is attached. (c) Not watched the employee's work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the officer)

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7. Assessment

(This assessment should rate the employee vis-à-vis his/her peers and not the general population. The reporting officer will assess the employee 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)			

c) Assessment of functional competency:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of 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)			

4. Pen picture of the employee. Please comment on the overall qualities and competence of the employee.

100

5. Overall Grade (on a scale of 1-10)

<div style="text-align: center;"> Total (a) + Total (b) + Total (c) <hr style="border-top: 1px dashed black;"/> 10 </div>	
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Date:

**Signature of the Reporting Authority
(with seal)**

Name : _____

Designation : _____
(During the period of report)

Date of receipt of APAR from the employee	
Date of submission of APAR to the Reviewing Authority	

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

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3. Please comment on the overall qualities of the employee including areas of strengths and lesser strengths and his/her attitude towards working the weaker sections (Not exceeding 100 words):

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4. Overall grade on a scale of 1 to 10:

Date:

Signature of Reviewing Authority
(with seal)

Name : _____

Designation : _____
(During the period of report)

Date of receipt of APAR from the Reporting Authority	
Date of submission of APAR to the Accepting Authority	

SECTION – V (Assessment by the Accepting Authority)

1. Do you agree with the remarks of the reporting/reviewing authorities?

Yes	No
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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:

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Date:

**Signature of Accepting Authority
(with seal)**

Name : _____

Designation : _____
(During the period of report)