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**GOVERNMENT OF INDIA  
DR. RAM MANOHAR LOHIA HOSPITAL,  
NEW DELHI**

**ANNUAL PERFORMANCE ASSESSMENT REPORT**

**FOR**

**OFFICE SUPERINTENDENT, HEAD CLERK**

**NAME OF THE OFFICER** : \_\_\_\_\_

**DESIGNATION** : \_\_\_\_\_

**REPORT FOR THE  
YEAR/PERIOD FROM** : \_\_\_\_\_

**GOVERNMENT OF INDIA  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI**

**ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR)  
(For Group 'B' Post)**

**PART - I**

(To be filled by the Office)

- |    |                                                                          |                               |
|----|--------------------------------------------------------------------------|-------------------------------|
| 1. | Reporting period                                                         | From _____ To _____           |
| 2. | Name                                                                     | _____                         |
| 3. | Date of Birth                                                            | _____                         |
| 4. | Designation                                                              | _____                         |
| 5. | Qualification                                                            | _____                         |
| 6. | Scale of Pay                                                             | _____                         |
|    | i) Basic Pay                                                             | _____                         |
|    | ii) Grade Pay                                                            | _____                         |
|    | iii) Pay Band                                                            | _____                         |
| 7. | Date from which present post held                                        | _____                         |
| 8. | Whether SC/ST/OBC (Please tick mark)                                     | SC/ST/OBC                     |
| 9. | Period of absence on account of training/long leave (more than 3 months) | Training _____<br>Leave _____ |

भाग-2 - स्व मूल्यांकन  
Part-2 - SELF APPRAISAL

(उस अधिकारी द्वारा भरा जाए, जिसकी रिपोर्ट लिखी जानी है)  
(To be filled in by the Officer reported upon)  
(कृपया प्रविष्टियाँ भरने से पहले अनुदेशों को ध्यानपूर्वक पढ़ लें)  
(Please read carefully the instructions before filling the entries)

1. कर्तव्यों का संक्षिप्त विवरण  
Brief description of duties

2. .... से ..... तक के वर्ष/अवधि के दौरान आपके द्वारा किए गए कार्य का संक्षिप्त सार-वृत्त  
(दिया जाने वाला सार-वृत्त 100 शब्दों से अधिक न हो)  
Brief resume of the work done by you during the year/period from ..... to .....  
(The resume to be furnished should be limited to 100 words)

स्थान / Place :-  
दिनांक / Date :-

अधिकारी, जिसकी रिपोर्ट लिखी जानी है, का हस्ताक्षर  
Signature of the officer reported upon

**PART - II**

**SELF APPRAISAL**

(To be filled by the individual concerned)

1. Qualification acquired during the reporting period, if any.

S.No.	Exam/Professional Qualification	Institution from which acquired	Duration of the course
i)			
ii)			

2. Details of training programmes/Conferences/Seminars attended during the period under report.

S.No.	Training programmes/Conferences/Seminars attended	Duration

3. Brief description of jobs/projects on which worked during the period under report.

S.No.	Activity	Achievements/Contributions
i)	Jobs/projects on which worked during reporting period	
ii)	Manual Work (Scrutiny, coding, data control, proof reading etc.) with respect to system/job/project mentioned above at (i):	
iii)	Self generated innovations	
iv)	Significant achievements and contributions	
v)	Any bottleneck/ constraint which affected productivity with suggestions to remove the same.	

Date:

Signature \_\_\_\_\_

PART – III – ‘A’

(Assessment by the Reporting Officer)

**1. General**

S.No.	Description of quality. / characteristic	Assessment					
		Excellent	Very Good	Good	Fair	Poor	Not Applicable
i)	General Health						
ii)	Temperament						
iii)	Regularity and punctuality						
iv)	Diligence						
v)	Intelligence						
vi)	Initiatives						
vii)	Self Confidence						
viii)	Technical Coordination						
ix)	Willingness to learn						
x)	Project Management						

**2. Integrity**

(Please comment on the integrity of the officer)

**3. Relations with public (wherever applicable)**

(Please comment on the officers accessibility to the public and responsiveness to their needs)

**4. Professional Skills**

S.No.		Assessment					
		Excellent	Very Good	Good	Fair	Poor	Not Applicable
i)	General						
ii)	System Analysis and Design						
iii)	Programming						

