FORM OF CONFIDENTIAL REPORT OF ASSISTANT / SENIOR ASSISTANT / SENIOR CLERK / ACCOUNTANT.

Department/Office	: Planning	: Planning Department, Himachal Pradesh						
Report for the year/period ending	:	to						
PART I: PERSONAL DATA (To be filled by the Administrative Section of the Department/Office)								
1. Name of Officer								

- 2. Date of Birth
- 3. Designation/Post Held
- 4. Date of continuous appointment to the present grade.
- Whether permanent/quasi Permanent/temporary, if permanent or quasi-permanent, on which post
 - Section in which served during the year under report and period of service in each.
- (The period of service may not be mentioned if it is less than three months)
- 7. Period of absence from duty on leave, training etc. during the year.

PART II

A brief statement of the works handled by the officer during the year/period under report. (to be filled by the Reporting Officer)

Note: This should indicate whether the officer reported upon is employed on task involved initiative judgement or application of knowledge of rules and regulations of professional techniques or on task of a simple nature and routine character.

PART III: ASSESSMENT BY THE REPORTING OFFICER

8. State of health :
9. General intelligence and keenness to learn. :
Note: Assessment under columns 10-13 below should not be indicated by tick marking but should clearly expressed in suitable words.
10. Attention to touring aspects of work such as proper maintenance of Assistants Diary, Guard Files, Recording, Indexing and weeding of files.
(a) Pays adequate attention to these aspects
(b) Is indifferent to these aspects.
(c) Has to be constantly prompted and supervised
11. Knowledge of office procedure:-
(a) Excellent
(b) Very Good
(c) Good
(d) Average
(e) Poor
12. Knowledge of Rules, Regulations and instructions in general and with particular reference to the work allotted to him.
(a) Excellent
(b) Very Good
(c) Good
(d) Average
(e) Poor

13. Quality of work

14.

15.

16.

ively

1	7		Inte	grity
1	,	•	11110	SIILY

(This column should be filled as per instructions issued under MHA OM No. 51/4/64-Estt.(A) dated 21.06.1965)

- 18. Has the officer been reprimanded for indifferent work or for other causes during the period under report. If so, please give brief particulars.
- any outstanding or notable work

Date:

meriting commendation. Br	riefly mention them.
	Signatures of Reporting Officer
	Name in Block letter
	Designation
	Date:
PART IV	: REMARKS OF REVIEWING OFFICER
20. Length of service under rev	riewing Officer:
Part III above. If not disagreement. If you wish regard to the work and co	arks of the Reporting Officer in indicate the extent of your to add anything specific with induct of the official over and the Reporting Officer, please so sum up your views here.
outstanding merits or abilit	ial characteristics and/or any ies which you would justify his election for higher appointment hese characteristics, briefly.
	Signatures of Reviewing Officer
	Name in Block letter
	Designation
	Date:
PART V - Countersig	gnature by the next higher authority with remarks, if any.
	Signatures of Countersigning Officer
	Name in Block letter
	Designation