Performance Appraisal Report (PAR) for Group ‘A’ & ‘B’ officers of Govt. of Orissa

Transmission Record

(To be filled in by Appraisee)

Financial Year…………………… (for the period from……………… to ……………..)

Name & Designation of the Officer Reported Upon………………………………………………

……………………………………

Service and Group (A/B) to which the Officer belongs……………………………………

……………………………………

Details of Transmission / Movement of PAR
(To be filled in at the time of transmission by respective officer/staff)

<table>
<thead>
<tr>
<th>Transmission by</th>
<th>Transmitted to whom (Name, Designation &amp; Address)</th>
<th>Letter No &amp; Date of Transmission</th>
<th>Signature of Officer/Staff Transmitting the PAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting Authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing Authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting Authority</td>
<td></td>
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</tr>
</tbody>
</table>
PERFORMANCE APPRAISAL REPORT
for
Group ‘A’ & Group ‘B’ Officers of Govt. of Orissa.

Report for the financial year_______________
( Period from _____________ to _____________ )

PERSONAL DATA
(To be filled in by the Appraisee)

1. Full Name of the Officer:

2. Date of Birth:

3. Service to which the Officer belongs:

4. Group to which the Officer belongs (A or B):

5. Designation during the period of Report:

6. Office to which posted with Headquarters:

7. Period(s) of absence (on leave, training etc., if 30 days or more). Please mention date(s):

8. Name & Designation of the Reporting Authority and period worked under him/her:

   __________________

   From to

9. Name & Designation of the Reviewing Authority and period worked under him/her:

   __________________

   From to

10. Name & Designation of the Accepting Authority and period worked under him/her:

    __________________

    From to

Signature of the Appraisee
PART-II  

SELF-APPRaisal  
(To be filled in by the Appraisee )

1. Brief description of duties/tasks entrusted.(in about 100 words)

2. Physical/Financial Targets & Achievements

<table>
<thead>
<tr>
<th>SI.No</th>
<th>Task</th>
<th>Target</th>
<th>Achievement</th>
<th>% of Achievement</th>
</tr>
</thead>
</table>

3. Significant work, if any, done

Place _____________________ Date_____________                                Signature of Appraisee
**PART-III  REMARKS OF THE REPORTING AUTHORITY**

1. (a) **Name of the Officer Reported Upon:**

   (b) **Period of report:** From ___/____/_______ to ____/____/________

2. **Assessment of work output, attributes & functional competencies.** (This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Attitude to work</td>
<td></td>
</tr>
<tr>
<td>(b) Sense of responsibility</td>
<td></td>
</tr>
<tr>
<td>(c) Communication skill</td>
<td></td>
</tr>
<tr>
<td>(d) Leadership Qualities</td>
<td></td>
</tr>
<tr>
<td>(e) Decision-making ability</td>
<td></td>
</tr>
<tr>
<td>(f) Co-ordination ability</td>
<td></td>
</tr>
<tr>
<td>(g) Ability to work in a team.</td>
<td></td>
</tr>
<tr>
<td>(h) Knowledge of Rules/Procedures/IT Skills/ Relevant Subject :</td>
<td></td>
</tr>
<tr>
<td>(i) Initiative :</td>
<td></td>
</tr>
<tr>
<td>(j) Quality of Work :</td>
<td></td>
</tr>
</tbody>
</table>

3. **General Assessment** (Please give an overall assessment of the officer including his/her attitude towards S.T/S.C/Weaker Sections & relation with public):

4. **Inadequacies, deficiencies or shortcomings, if any** (Remarks to be treated as adverse)

5. **Integrity** (If integrity is doubtful or adverse please write “Not certified” in the space below and justify your remarks in box 4 above)

6. **Overall Grading** *(Please sign in appropriate box)*

   - **Outstanding** (Grade-5)
   - **Very Good** (Grade-4)
   - **Good** (Grade-3)
   - **Average** (Grade-2)
   - **Below Average**\* (Grade-1)

   For Overall Grading “**Below Average**” / “**Outstanding**” please provide justification in the space below.

Name of Reporting Authority:  
Signature:  

Designation during the period under report:

Designation at the time of recording of remarks:

Place:  Date: - - -
PART-IV

REMARKS OF THE REVIEWING AUTHORITY

Name of the Officer Reported Upon:

Period of report : From ___/___/__________ to ___/___/__________

1. Please Indicate if you agree with the general assessment/ adverse remarks/ overall grading made by the Reporting Authority, and give your assessment.

2. Overall Grading (Please sign in appropriate box)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>(Grade-5)</td>
</tr>
<tr>
<td>Very Good</td>
<td>(Grade-4)</td>
</tr>
<tr>
<td>Good</td>
<td>(Grade-3)</td>
</tr>
<tr>
<td>Average</td>
<td>(Grade-2)</td>
</tr>
<tr>
<td>Below Average*</td>
<td>(Grade-1)</td>
</tr>
</tbody>
</table>

Name of Reviewing Authority
Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place: Date: - -

* “Below Average” grading will be treated as adverse and should be justified, if Reporting Authority has not already justified

PART-V

REMARKS OF THE ACCEPTING AUTHORITY

Period of report : From ___/___/__________ to ___/___/__________

Name of Accepting Authority :
Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place : Date: - -

FOR OFFICE USE BY THE PAR BRANCH
[For review as well as other certificates/remarks]