

Details of Categorization of forms

1. Chief Engineer
2. Superintendent Engineer
3. Executive Engineer
4. Assistant Engineer
5. Junior Engineer / Field Investigator /Senior Investigator/Surveyor
6. B&FO/Dy. CA
7. Sr.AO/AO/AAO
8. PS/PA/Stenographer
9. Director/ Dy. Director/ Competent Authority.
10. Asstt. Director
11. Head Clerk/Assistant/UDC
12. LDC
13. Dy. Director (System)/ Asstt. Director(System)
14. Dy. Director (Plg.) /AD (Planning)/ Sociologist
15. Jr. Draftsman/Draftsman Grade-I, II & III
16. Asstt. Architect/ Architect. Assistant/Architect.
17. Naib Tehsildar/Kanoongo/Patwari
18. Chief Legal Advisor/Law Officer/JLO
19. Legal Assistant.

Guidelines regarding filling up of APAR with numerical gradings:

- i) The columns in the APAR should be filled with due care and attention and after devoting adequate time.
- ii) It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officers against a larger population of his/her peers that may be currently working under them.
- iii) APARs graded between 8 and 10 will be rated as 'Outstanding' and will be given a score of 9 for the purpose of calculating average score for empanelment/promotion.
- iv) APARs graded between 6 and short of 8 will be rated as 'Very Good' and will be given a score of 7.
- v) APARs graded between 4 and short of 6 will be rated as 'Good' and will be given a score of 5.
- vi) APARs graded below 4 will be given a score of 0.
- vii) Numerical Grading are to be awarded by Reporting and Reviewing Authority for the quality of Work output, Personal Attributes and Functional competence of the Officer reported upon. These should be on a scale of 1-10, where 1 refers to the lowest grade and 10 to the highest. The guidelines cited above in this regard from (i) to (vi) may be kept in mind while awarding numerical grading.
- viii) The overall grade on a score of 1-10 will be based on 40% weightage on assessment of work output, and 30% each for assessment of personal attributes and functional competency. The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.
- ix) The overall grade will be arrived at by taking the sum total of the grades recorded in column for the Reporting Officer/ Reviewing Officer and dividing the same by the no. of entries. The average score will then be multiplied by 0.4, 0.3 and 0.3 to arrive at the weighted average grading for table (A) (B) and (C) respectively. The overall grade would be sum of (A) (B) and (C).
- x) The Reporting Officer is required to indicate his comments on the overall qualities of the Officer reported upon in the Pen Picture including areas of strength and lesser strength and his attitude towards the weaker sections.
- xi) The Reviewing Officer may indicate specifically the differences, if any, with the assessment made by the Reporting Officer and the reasons thereof in the relevant section provided in the APAR.

GOVT. OF NCT OF DELHI

ANNUAL PERFORMANCE ASSESSMENT REPORT

CHIEF – ENGINEER

Report for the Year/Period from: _____ to _____

PART-I Personal Data

- | | | | | | |
|----|--|---|-------------|------|-------|
| 1. | Name of officer | : | | | |
| 2. | Date of joining the service | : | | | |
| 3. | Date of Birth | : | | | |
| 4. | Date of continuous appointment to the present grade. | : | | Date | Grade |
| 5. | Present post and date of Appointment thereto | : | Designation | Date | Grade |
| 6. | Period of absence from duty (on Leave training etc.) During the year (If he has undergone training, Please specify) | | | | |
| 7. | Academic and Professional Qualifications | | | | |
| 8. | Follow ship/membership of professional bodies, if any | | | | |
| 9. | Please state whether the Annual Return of Immovable Property for the preceding calendar year was filled within the prescribed date i.e. 31 st January of the year following the calendar year. If so, the date of filing the returns should be given. | | | | |

PART-II TO BE FILLED BY THE OFFICER REPORTED UPON

1. Brief description of duties.
2. Please specify the quantitative/ physical/financial/targets/objectives (8 to 10 items priority wise/in order of importance) set for yourself or that were set for you and your achievements against each target.

Targets

Achievements

3. Please state briefly your achievements with reference to targets/objectives referred to in column 2. Please also indicate significantly higher achievements in relation to the targets and your contribution thereto.

4. Please state briefly the shortfalls with reference to the targets/objectives referred to in column 2. Please specify the constraints, if any, in achieving the targets.

Signature: _____

Name in block letters _____

Designation: _____

Dated: _____

PART-III TO BE FILLED IN BY THE REPORTING AUTHORITY

NATURE AND QUALITY OF WORK

1. Please comments on Part-II as filled out by the officer and specifically state whether you agree with the answers relating to targets and objectives, achievement and shortfalls. Also specify constraints if any, in achieving the objectives.
2. **Quality of output:** -Please comment on the officer's quality of performance having regard to standard of work and programme objectives and constraints, if any.
3. **Professional and technical competence:**-Please indicate any specialized knowledge or experience acquired by the officer.

ATTRIBUTES

4. **Leadership qualities:** Please comment on the capacity of the officer to set targets and objectives, under and the environment, anticipate change and contribute new ideas and new methods of work towards achieving the targets and objectives.
5. **Management qualities:** Please comment on the officer's willingness to assume responsibility, organizing capacity, ability to motivate, ability to provide timely and proper guidance and regard for training and development of subordinates.
6. **Initiative and planning ability:** Please comment on the capacity and resourcefulness of the officer to anticipate problems and to plan, in advance, action to meet such situations. Also comment on the capacity and resourcefulness of officer in handling unforeseen situations of his/her own, willingness to take additional and new areas of work.

7. **Decision making ability:** Please comment on his/her ability to take decisions and to weigh pros and cons of alternatives.
8. **Communications skill (Write and oral):** Please comment on the ability of the officer to communicate and on his/her ability to present argument.
9. **Appraising ability:** Please comment on the officer's skill and capacity in evaluating and recording performance of subordinate in an impartial and objective manner.
10. **Inter-personal relations and team work:** Please comment on the quality of relationship with superiors, colleagues and subordinates on his/her capacity to work as a member of a team and to promote team spirit and optimize the output of the team.
11. **Capacity for undertaking higher responsibility:** Please indicate whether the officer has capacity for handling responsibility higher than those attached to his office.
12. **Aptitude and potential:** Please indicate one or more of the following in which the officer has shown aptitude and potential for acquiring specialization to enable further career development of the officer in these fields.
 - i) Project appraisal
 - ii) Project planning and structural designing:
 - iii) Project management
 - iv) Personnel Management
 - v) General Administration
 - vi) Highway engineering and bridges
 - vii) Electro mechanical & Air Conditioning services
 - viii) Computer applications to management and designing
 - ix) Any other field

PART – IV

- 1. State of Health
- 2. Integrity
- 3. General Assessment

Please given overall assessment of the officer with reference to his/her strength and shortcomings and also drawing attention to the qualities, if any not covered by the entries above.

4. **Grading:**

OUTSTANDING	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE

(An officer should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out).

Signature _____

Name in Block Letters _____

Designation _____
(During the period of report)

Dated: _____

PART – V REMARKS OF THE REVIEWING AUTHORITY

- 1. Length of service under the Reviewing Authority.
- 2. Do you have personal knowledge of the officer's?

Good knowledge / Moderates/ not much
- 3. Do you fully agree with the assessment of the reporting officer including grading (in case of disagreement, please specify reasons) and add your own comments

- 4 Are you satisfied that the Reporting Authority has made his/her report with due care and attention and after taking into account all the relevant material?
5. Has the officer any special characteristics, or any exceptional merits or abilities which should justify his/her selection for special assignment or out of turn promotion? If so, specify.

6

6. Your own remarks about the personality and performance of the officer.

Signature of the Reviewing Authority: _____

Name in block letters _____

Designation: _____
(During the period of report)

Dated _____

PART-VI REMARKS OF THE ACCEPTING AUTHORITY

Signature of the Accepting Authority _____

Name (in block letters) _____

Designation: _____
(During the period of report)

Dated _____

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
 SERVICES DEPARTMENT (COORDINATION BRANCH)
 B-WING, 7TH LEVEL, DELHI SECRETARIAT
 I.P. ESTATE, NEW DELHI-110002
 (<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4. (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

by for information and compliance to:-

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

136/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

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2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI

SUPERINTENDING ENGINEER
PERFORMANCE REPORT

Period from _____ to _____

- 1 Name in full:
 - 2 Date of birth:
 - 3 Date & designation on
first joining in DUSIB :
 - 4 Date of joining as S.E. in DUSIB:
 - 5 Technical qualifications:
 - 6 Present post, designation, office
& date from which working:
 - 7 Fellowship / membership of
Professional bodies if any :
-

Part – I SELF – APPRAISAL

(Indicate salient features of your work during the year and extent of your contribution in accomplishment of important tasks. In field Units, highlight your contribution in increasing output, finalization of bills, clearance of accounts arrears, audit paras and CTE's objections, defending arbitration cases etc. Indicate number and value of contracts handled. In Maintenance Units, indicate the type and number of quarters and other buildings maintained, efforts made to organize repairs and in attending to day – to – day complaints and in establishing preventive maintenance procedures. In planning units, highlight nature and quantum of work handled in structural designs, preparation of estimates, preparation of tender documents, disposal of technical or statutory references etc. Add information about papers published, training programmes attended etc. The self appraisal should give verifiable facts and figures and should not exceed 300 words.

Signature: _____
Name in block letters: _____
Designation: _____

Date: _____
Place: _____

Part – II

(A) Comments of the Reporting Officer

On self – appraisal written by S.E.
and his own remarks about quality
of work in the circle.

(B) Assessment by the Reporting Officer

- | | | |
|---|---|--------------------------------------|
| 1 | Technical knowledge : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 2 | Knowledge of departmental rules,
Codes & procedures : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 3 | Direction and control : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 4 | Capacity for decision making : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 5 | Capacity for co-ordination and
team work | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 6 | Capacity for leadership : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 7 | Submission of budget proposals : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 8 | Impression on others regarding
Sincerity, capacity to inspire
Confidence and to carry conviction: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 9 | Noteworthy work or achievement : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |

Signature:

Date:

Name in block letters:

Place

Designation:

Part – III REPORT BY THE REVIEWING OFFICER

- 3.1 General remarks in the light of the
Assessment of the Reporting Officer
Indicating whether Reviewing Officer
Agrees with the report of Reporting
Officer and bringing out differences
If any:

- | | | |
|-----|-----------------------|--|
| 3.2 | Management : | <u>/ 1 / 2 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| 3.3 | Overall performance : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |

Signature:

Date:

Name in block letters:

Place:

Designation:

Good knowledge Moderate not much

SCORE: 1 2/3 4 5/6 7

GRADING : 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Name in block letters:

Designation: _____

- 1 Poor
- 2 Fair
- 3 Average
- 4 Good
- 5 Very Good
- 6 Excellent
- 7 Outstanding

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4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

CIRCULAR

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State of Health (Summary of Medical Report to be attached)

(S N MISRA)
 SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910
 By for Information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)
 SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

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The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
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ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

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2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI**

EXECUTIVE ENGINEER

PERFORMANCE REPORT

Period from _____ to _____

- 1 Name in full: _____
- 2 Date of birth: _____
- 3 Date & designation on
First joining in DUSIB: _____
- 4 Date of joining as E.E. in DUSIB: _____
- 5 Educational Qualifications: _____
- 6 Technical qualifications: _____
- 7 Present post, designation, office
and date from which working : _____

Part – I SELF – APPRAISAL: (Each E.E. to give details of work (costing more than 10 lacs) carried out in his division during the period indicating, the name of the work, amount of work done in relation to that work, quality of work as per his assessment, whether completed in target time, number of pending final bills, audit paras and quality control paras at the beginning of the period under report, received during the period under report. Add information about preparation of estimates, tender documents, arbitration cases, training course attended and papers published).

(Please attach a separate sheet, if necessary)

Date: _____

Place: _____

Signature: _____

Name in block letters: _____

Designation: _____

Contd.....2/-

PART - II

(A) Comments of the Reporting Officer

On self – appraisal written by E.E. and his own remarks about quality of work in the division.

(B) Assessment by the Reporting Officer

(Please put a tick mark in appropriate box)

- 1 Knowledge regarding estimating : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 2 Knowledge of specifications : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 3 Knowledge of departmental rules
Codes and procedures : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 4 Knowledge of accounts and
conditions of contract : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 5 Capacity and output of work: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 6 Attention to necessary details : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 7 Control on works : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 8 Test check of measurements : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 9 Defence of arbitration cases : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 10 Disposal of establishment
matters : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 11 Submission of monthly account: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 12 Submission of budget proposals: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 13 Inter personal relationship : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 14 Ability to work in a team: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 15 Attitude to work: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 16 Dependability : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 17 Willingness to take
responsibility : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 18 Financial control : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /
- 19 Response to quality
control observations: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

20 Management of division: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Date: Signature:

Place: Name in block letters:

Designation:

PART – III REPORTING BY THE REVIEWING OFFICER :

3.1 General remarks in the light of the
Assessment of the Reporting Officer
Indicating whether Reviewing Officer
Agrees with the report of Reporting
Officer and brining out differences
If any:

3.2 Integrity / 1 / 2 / 3 / 4 / 5 /

3.3 Quality / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.4 Speed : / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.5 Office Management: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.6 Overall performance: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Date: Signature:

Place: Name in block letters:

Designation:

Part – IV ASSESSMENT BY SUPERINTENDING ENGINEER (COORD.)

4.1 Work performance: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

4.2 Disposal of important work: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

4.3 Overall performance: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Date: Signature:

Place: Name in block letters:

Designation:

Part - V **REPORT BY COUNTER – SIGNING OFFICER**

5.1 Overall assessment (Please total up Grades in Part – II and other in score)

Score: 1/2/3/4/5/6/7/

Grading: 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature:

Name in block letters:

Designation:

1. Note: For reports, the grading will be as under:

1	-	Poor	3	-	Average	5	-	Very Good
2	-	Fair	4	-	Good	6	-	Excellent
7	-	Outstanding						

2 **Note:** For integrity, the grading will be as under:

1	Established as bad	3	-	No cases
2	Doubtful	4	-	Good
5	Impeccable			

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Dated:- 5/8/2019

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(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

136/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

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3. Date of Disclosure of APAR to the officer/official reported upon :

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4. Whether representation received from the officer/official reported upon:

Yes	No
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5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

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Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI**

PERFORMANCE REPORT: ASSISTANT ENGINEER (CIVIL), (ELECT.),

Period from _____ to _____

- 1 Name in full : _____
- 2 Date of birth: _____
- 3 Date of first joining in DUSIV _____
- 4 Date of joining as A.E. in DUSIB: _____
- 5 Educational Qualifications: _____
- 6 Technical qualifications: _____
- 7 Present post, designation, office
and date from which working : _____

Part – I SELF APPRAISAL (Each A.E. to write on the works costing more than 5 lacks carried out by him during the period indicating the name of the work, amount of work done in relation to that work, quality of work done by him as per his assessment and whether completed in target time).

Please attach separate sheet if necessary. (Total about 300 words)

Signature _____

Name _____
(in Block letters)

Date: _____

Place: _____

Designation: _____

Part – II

(A) Comments of the Reporting Officer on Self – Appraisal written by each A.E. and his own remarks about the quality of the work as executed by the A.E.

(B) Assessment by Reporting Officer (Please tick out a mark in the appropriate box.

Contd.....2/-

- | | | |
|---------|---|--------------------------------------|
| (i) | Knowledge regarding estimating : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (ii) | Knowledge regarding specifications: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (iii) | Knowledge of departmental rules and procedures : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (iv) | Knowledge of accounts and condition of contract: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (v) | Drawing, sketching & Detailing : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (vi) | Analysis of rates, preparation and Checking of extra/substituted items: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (vii) | Attention to maintenance complaints: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (viii) | Attention to details: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (ix) | Carrying out test check of measurement: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (x) | Response to quality control observations: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xi) | Promptness in submission of Measurements, estimates and returns : | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xii) | Promptness in submission of contractor's bills: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xiii) | Promptness in carrying out Instructions: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xiv) | Extent of extra / substituted in Work: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xv) | Response to quality control Observations: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xvi) | Inter personal relationship: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xvii) | Ability to work in team: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xviii) | Control, supervision of labour: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xix) | Attitude to work: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xx) | Capacity and output of work: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| (xxi) | Effectiveness in dealing with Contractor: | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |

: 3 :

(xxii) Overall management of
sub-division :

/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature _____

Name _____
(in Block letters)

Date: _____

Place: _____

Designation: _____

Part – III **Report by Reviewing Officer**

3.1 General remarks in the light of the
assessment of the Reporting Officer
indicating whether Reviewing Officer
agrees with the report of Reporting
Officer and bringing out differences
if any.

3.2 Integrity: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.3 Quality: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.4 Speed: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.5 Office Management: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3.6 Overall performance of the A.E.: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature _____

Name _____
(in Block letters)

Date: _____

Place: _____

Designation: _____

Part – IV **Report by countersigning officer**

4.2 Overall assessment (Please total up grades in part III Section B
and enter in score)

Score: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Grading: / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature _____

Name _____
(in Block letters)

Date: _____

Place: _____

Designation: _____

1. Note : For reports, the grading will be as under :

1	-	Poor	3	-	Average	5	-	Very Good
2	-	Fair	4	-	Good	6	-	Excellent
7	-	Outstanding						

2. Note : For integrity, the grading will be as under :

1	Established as bad	3	-	No cases	
2	Doubtful	4	-	Good	5 Impeccable

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
 SERVICES DEPARTMENT (COORDINATION BRANCH)
 B-WING, 7TH LEVEL, DELHI SECRETARIAT
 I.P. ESTATE, NEW DELHI-110002
 (<http://services.delhigovt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

CIRCULAR

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State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910
 by for information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

--

2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

Annual Performance Appraisal Report
of
JUNIOR ENGINEER (Civil) / JUNIOR ENGINEER (Electrical)
SURVEYOR / F.I/S.I

Name and designation of the Officer

Report for the year/period ending

Annual Performance Appraisal Report
Junior Engineer (Civil)/Junior Engineer (Electrical)
Surveyor/F.I/S.I

Period of Assessment from _____ to _____

PART-I

PERSONAL DATA

(To be filled by the Administrative section concerned of the Office, in its absence, Reporting officer to get it from officer reported upon)

- 1.0 Name of Officer:
- 1.1 Father's/ Husband Name:
- 1.2 Date of Joining the Service:
- 1.3 Date of Birth:
- 1.4 Whether the officer belongs to SC/ST/OBC:
- | | | | |
|-----|--|------|--|
| 1.5 | Date of continuous appointment to present grade: | Date | Grade |
| 1.6 | Present post and date of posting thereto : | Date | Grade |
| 1.7 | Period of discontinuity from duty : | a) | On account of Leave |
| | | b) | On account of Training/ other official Assignments |
- 1.8 Academic and Professional Qualifications :
- | | | | |
|-----|----------------------------|-----|----|
| 1.9 | Departmental Exam passed : | Yes | No |
|-----|----------------------------|-----|----|

PART – II: Brief description of assignments:

2.1 Brief resume of work done and achievements with particular mention of the specific tasks and actions assigned to you during the period in about 100 words.

2.2 Any other additional and unforeseen assignments carried out/initiatives undertaken worth mentioning.

(Officer Reported upon Signature with Date)

PART – III

3.0 Do you agree with the self appraisal of the officer with regard to targets and achievements. Indicate reasons and extent of disagreement with reference to 3.1 below, if any

--

3.1 Assessment of work output (weightage 40%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Extent of accomplishment of work assigned as per para 2.1			
ii) Quality of output			
iii) Accomplishment of exceptional work/unforeseen tasks performed as per para 2.2			
Overall Grading			

3.2 Assessment of personal attributes (weightage 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility and initiativeness			
iii) Discipline & punctuality			
iv) Communication skills			
v) Capacity to work in team spirit			
vi) Capacity to work in time limit			
vii) Inter-personal relations including client and customer relations			
Overall Grading			

3.3 Assessment of functional competency (weightage 30%)

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) Knowledge of Rules/ Regulations/Procedure/Specification and codes in the area of function and ability to apply them effectively			
ii) Planning & Design, estimation, drawing sketching and detailing ability			
iii) Analysis of Rates, extra substituted items			

iv) Coordination ability			
v) Management, Organization, control and supervision of work			
vi) Dependability, intelligence, industry, promptness in carrying out instructions			
Overall Grading			

Overall grading of Part – III on scale 1-10

Grading	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
Part 3.1			
Part 3.2			
Part 3.3			
Overall Grading			

PART – IV : General Attributes (Weightage not applicable)

4.1 Integrity : Please comment on integrity of the officer:

--

4.2

	Reporting Authority	Reviewing Authority	Initial of Reviewing Authority
i) State of Health			
ii) Aptitude and potential please mention about the aptitude of the officer and areas in which he has potential to develop along with training needs.			

4.3 Pen Picture in about 70 words:

--

Date :

Signature of Reporting Officer

Place :

PART – V : REVIEW

I) Length of Service under Reviewing Authority :

II) Do you agree with the assessment made by the Reporting officer with respect to the work output and various attributes in Part-III, In case you do not agree with any of the numerical assessment or attitudes, please record your assessment in column provided.

Yes	No
-----	----

III) In case of difference of opinion details and reasons for the same may be given

--

IV) If the officer reported upon is a member of SC/ST/OBC, please
Indicate specifically whether the attitude of reporting officer
in assessing the performance of SC/ST/OBC officer
has been fair and just.

V) Overall Grade on scale 1-10 :

Date :

Signature of Reviewing Officer

Place :

ACCEPTANCE

Do you agree with the assessment made by the Reporting officer/Reviewing officer and details of difference of opinion, if any, with reason for the same. In such case, acceptance authority will also give overall grade on a scale of 1 to 10.

Yes

Outstanding (9)

Good (5)

No

Very Good (7)

Unsatisfactory (0)

Date :

Place :

Signature of Accepting Authority _____

Name in Block Letters _____

Designation during the period of Report _____.

Guidelines regarding filling up of APAR with numerical grading.

1. The columns in the APAR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.
3. APAR graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
4. APAR graded between 6 and 8 will be rated as "Very Good" and will be given a score of 7.
5. APAR graded between 4 and short of 6 will be rated as "Good" and will be given a score of 5.
6. APAR graded below 4 will be given a score of "Zero".

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 (<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

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Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910
 By for information and compliance to:-

Dated:- 5/8/2019

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2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
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Encl: - As above


Dy. Director (Admn.)

Copy to:-

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ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

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**DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVERNMENT OF NCT OF DELHI
PUNARWAS BHAWAN, I. P. ESTATE,
NEW DELHI – 110002**

ANNUAL PERFORMANCE APPRAISAL REPORT

DY. CHIEF ACCOUNTANT
BUDGET AND FINANCE OFFICER

Report for the period

From _____ To _____

PART – I
Personal Data
(To be filled by the Officer)

1.	Name of the Officer	
2.	Date of Birth	
3.	Category (General / SC/ ST)	
4.	Date of continuous appointment to the present grade viz.	
5.	Present post and date of appointment thereto.	
6.	Period of absence from duty on leave, training etc. during the year.	
7.	Whether Annual Property Return for the preceding calendar year was filed within the prescribed date If not, the date of filing the return should be given.	
8	Self Appraisal	

Date:-

SIGNATURE OF THE OFFICER

NOTE: - TO BE SUBMITTED TO THE REPORTING OFFICER BEFORE 15TH APRIL.

PART – II
Assessment by the Reporting Officer

1.	State of Health (Summary of Medical Report to be attached)	
2.	Integrity	
3.	General Assessment (Please give an assessment of the officer with reference to his/her strength and short – comings and also by drawing attention to the qualities, if any not covered by the entries above.)	
4.	Grading (Outstanding / Very Good/ Good / Average / Below Average) (An Officer should not be graded outstanding unless exceptional qualities and performance have been noticed, grounds for giving such a grading should be clearly brought out and grading should be consistent with and conform to the assessment made in Part-III).	

Place: -

Date: -

Signature of the Reporting Officer

Name in Block Letters

Designation

(During the period of Report).

NOTE: - TO BE SUBMITTED TO THE REPORTING OFFICER BEFORE 7TH MAY.

REMARKS BY THE REVIEWING AUTHORITY

1.	Length of service under the Reviewing Officer	
2.	Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in? Do you agree with the assessment of reporting officer?	
3.	General remarks with specific comments about the general remarks given by the Reporting Officer and remarks about the outstanding work of the officer.	
4.	(a) Fitness for promotion to higher grade(s) in his turn (I) Fit (II) Not yet fit (III) Unfit	
	(b) Has the Officer any special characteristics and / or nay outstanding merits or abilities, which would justify his advancement and special selection for higher appointment out or turn?	
	If yes, please mention these characteristics briefly.	
	(C) Recommendations regarding suitability for other spheres of work, viz.	

Place:

Date:

Signature of the Reviewing Officer

Name in Block Letters:

Designation:

During the period of Report:

PART- IV

(Remarks of the Countersigning Officer)
(i.e. next Superior Officer)

Place:

Date:

Signature

Designation:

During the period of Report:

Guideline regarding filling up APAR with numerical grading.

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7. Fraction grading in APAR will NOT be given.

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SPL. SECRETARY (SERVICES)

164/C

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PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

ANNUAL PERFORMANCE APPRAISAL REPORT

SR. ACCOUNTS OFFICER,

ACCOUNTS OFFICER,

ASSTT. ACCOUNTS OFFICER

Name of the officer (in Capital Letters) _____

Designation: _____

Report of the period from: _____

ANNUAL PERFORMANCE APPRAISAL REPORT

ASSTT. ACCOUNTS OFFICER/ ACCOUNTS OFFICER/ SR. ACCOUNTS OFFICER

Report of the period from _____

PERSONAL DATA

Part-I

**(To be filled by the Administrative Section Concerned of the office of the
Department of DUSIB)**

1.	Name of the Officer (In capital letter)	
2.	Date of Birth	
3.	Date of continuous appointment to the present grade	
4.	Present post and date of appointment thereto	
5.	Period of absence from duty (On leave, training etc) during the year if he has undergone training, please specify)	
6.	Departmental Exam passed i.e. Common AAO Exam and year of passing	
7.	Educational Qualification	

PART – 2

[To be filled by the Officer Reported upon]

(Please read carefully the instructions given at the end of the forum before filling the entries)

1. Brief description of the duties:

--

2. Please specify objectives/ goals (In quantitative or other terms) of work you set for yourself or that were set for you, eight to ten item of work, in the order of Priority and achievement against each target.

Objectives/ Goals	Achievements

3. A- Please state briefly the shortfall with reference to the targets/objectives/referred to in item 2. Please specify constraints, if any, in achieving the targets.

- B- Please also indicate items in which there have been significantly higher achievements and your contribution there to.

4. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given.

Date:

Signature of the Officer reported upon

PART – 3

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1 to 10, where 1 refers to the lowest grade and 10 to the highest (Please read carefully the guidelines before filling the entries)

A. Assessment of Work Output (Weightage to this Section would be 40%)

		Reporting Authority	Reviewing Authority (Refer Para 2 of Part 5)	Initial of the Reviewing Authority
i.	Accomplishment of planned work / work allotted as per subjects allotted.			
ii.	Quality of output			
iii.	Analytical ability			
iv.	Accomplishment of exceptional work / unforeseen tasks performed.			
	Overall Grading on "Work Output".			

B. Assessment of Personal Attributes (Weightage to this Section would be 30%)

		Reporting Authority	Reviewing Authority (Refer Para 2 of Part 5)	Initial of the Reviewing Authority
i.	Attitude to work			
ii.	Sense of Responsibility			
iii.	Maintenance of Discipline			
iv.	Communication Skills			
V	Leadership Qualities			
Vi	Capacity to work in team spirit			
Vii	Capacity to adhere to time schedule			
Viii	Inter-personal relations			
ix	Overall bearing and personality			
	Overall Grading on "Personal Attributes".			

C. **Assessment of Functional Competency (Weightage to this Section would be 30%)**

		Reporting Authority	Reviewing Authority (Refer Para 2 of Part 5)	Initial of the Reviewing Authority
i.	Knowledge Rules / Regulations / Procedures in the area of function and ability to apply them correctly.			
ii.	Strategic Planning ability			
iii.	Decision Making ability			
iv.	Coordination Ability			
v	Ability to motivate and develop subordinates			
vi	Initiative			
	Overall Grading on "Functional Competency".			

PART – 4

GENERAL

1. Relation with the Public (wherever applicable).

(Please comment on the Officer's accessibility to the public and responsiveness to their needs.)

2. Training.

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the officer).

3. State of Health (Summary of Medical Report to be attached):

4. Integrity:

(Please comment on the integrity of the officer)

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength, extraordinary achievements, significant failures (ref: 3(A)&3(B) of Part-2) and attitude towards weaker sections.

6. Overall numerical grading on the basis of Weightage given in Section A, B & C in Part-3 of the Report

Place:

Date:

Signature of the Reporting Officer

Name in block letters:

Designation:

(During the period of Report)

PART-5

REMARKS OF THE REVIEWING OFFICER:

1. Length of service under the Reviewing Officer.

2. Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-3 & Part-4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? [refer Part-3(A)(iv) & Part-4(5)].

YES	NO
-----	----

3. In case of disagreement, please specify the reasons. In there anything you wish to modify or add.?

4. Pen picture by the Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength and his attitude towards weaker sections.

5. Overall numerical grading on the basis of Weightage given in Section A, Section B & Section C in Part-3 of the Report.

Signature of the Reviewing Officer

Place:

Name in block letters

Designation:

Date:

(During the report period).

Guidelines regarding filling up of APAR with numerical grading

1. The columns in the APAR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes of overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/ her peers that may be currently working under them.
3. APARs graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
4. APARs graded between 6 & 8 will be rated as 'Very Good' and will be given a score of 7.
5. APARs graded between 4 and short of 6 will be rated as "Good" and will be given a score of 5.
6. APARs graded below 4 will be given a score of "zero".

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130C
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated: - 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4. (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)
SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910
by for information and compliance to:-

Dated: - 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)
SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy.

ANNEXURE-II

**CERTIFICATE FOR DISCLOSURE OF PERFORMANCE APPRAISAL REPORT OF SR.
ACCOUNTANT/ ACCOUNTS OFFICER/ ASSTT. ACCOUNTS OFFICER**

1. Name of the Officer reported upon
2. Year/period of Assessment
3. Date of disclosure of APAR to the officer reported upon
4. Whether comments received from The officer reported upon
5. If yes, date of disclosure to the officer Reported upon after consideration of his comments
6. Whether officer has made representation to the Competent Authority
7. If yes, the date of communication of Final report after consideration by the Competent Authority

Sign of Forwarding Authority: _____

Name: _____

Designation: _____

Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

CONFIDENTIAL

Annual Performance Appraisal Report

Of

P.S / P.A/ STENOGRAPHER

Name and designation of the Officer

Report for the year/period ending

Annual Performance Appraisal Report

P.S / P.A/ STENOGRAPHER

Report of the period from _____

PERSONAL DATA

Part-I

(To be filled by the Administrative Section of the concerned office of DUSIB)

1.	Name of the Officer (In capital letter)	
2.	Date of Birth(DD/MM/YYYY)	
3.	Designation of Post Held	
4.	Date of continuous appointment to the present grade	Date _____ Grade _____
5.	Name of the Officer with designation with whom attached during the period under report	
6.	Period of absence from duty (On leave, training etc) during the year	

PART – 2 SELF APPAISAL

[To be filled by the Officer Reported upon]

(Please read carefully the instructions before filling the entries)

1. 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)

2. Please also indicate items in which there have been significantly higher achievements and your contribution thereto.
3. Please state, briefly, the shortfalls in your input and reasons thereof, if any.
4. Please state whether the annual return on immoveable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given.

Place:

Date:

Signature of the officer reported upon

Part 3 – APPRAISAL

1. Does the Reporting Officer agree with the statement made in part 2? If not, the extent of disagreement and reasons thereof.

--

2. Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10. Where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling the entries)

(A) Assessment of work output (weightage to this Section would be 40%)

	Grading
i) Quality of work	
ii) Level of professional skill	
iii) Trust worthiness in handling secret and top secret matters and papers	
iv) Maintenance if engagement diary and timely submission of necessary papers for meetings, interviews, etc.	
Overall grading on "Work Output" (i to iv)/4	

(B) Assessment of personal attributes (weightage to this Section would be 30%)

	Grading
i) Attitude to work	
ii) Intelligence, keenness	
iii) Maintenance of Discipline	
iv) Sense of responsibility	
v) Communication skills	
vi) Ability to work in team	
vii) Ability to meet deadline.	
viii) Regularity and Punctuality in attendance	
Overall Grading on "Personal Attributes" (i to viii)/8	

(C) Assessment of functional competency (Weightage to this Section would be 30%)

	Grading
i) Proficiency and accuracy in Stenographic work	
ii) Inter-personal relations	
iii) Coordination ability	
iv) Effective Liaison, Initiative and tact in dealing with telephone calls & visitor	
Overall Grading on 'Functional Competency' (i to iv)/4	

Note: The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.

GENERAL

Part 4

1. Relations with the public (wherever applicable).

(Please comment on the officer's accessibility to the public and responsiveness to their needs)

2. Training

(Please give recommendations for training with a view to future improving the effectiveness and capabilities of the officer)

3. State of Health (Summary of Medical Report to be attached)

4. Integrity

(Please comment on the integrity of the officer)

5. Pen picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B, and C in Part- III of the Report.

Signature of the Reporting Officer

Place: _____

Name in Block letters: _____

Date: _____

Designation: _____
(During the period of Report)

Guidelines regarding filling up of APAR with numerical grading

1. The columns in the ACR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.
3. APAR graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
4. APAR graded between 6 and 8 will be rated as "Very Good" and will be given a score of 7.
5. APAR graded between 4 and short of 6 will be rated as "Good" and will be given a score of 5.
6. APAR graded below 4 will be given a score of "zero".

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135 C

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhigovt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check Up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Steno. Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910
by for information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19

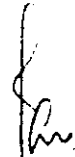
Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board,
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

Annual Performance Appraisal Report

of

Dy. Director/ Competent Authority / Director

Name and designation of the Officer

Report for the year/period ending

Name of the Department

FORM

Annual Performance Appraisal Report of Deputy Director / Director

Report for the year/period ending

Part – 1

PERSONAL DATA

(To be filled in by the Administrative Section of Concerned Department)

1. Name of the Officer
2. Present establishment
3. Date of Birth (DD/MM/YYYY)
Date of Birth (in words)
4. Date of continuous appointment Date Grade.....
to the present grade
5. Present Post and date of Designation..... Date
Appointment thereto
6. Period of absence from duty (on
training, leave etc) during the year
(if he/she has undergone training,
Specify)
7. Signature with date (officer reported upon)

Administrative Officer

MOVEMENT

Sr. No	Particulars	Date of Receipt	Signature	Date of Dispatch	Signature
1	Officer being reported upon				
2	Reporting Officer				
3	Reviewing Officer				
4	O/o Chief Secretary in case of decision on adverse remarks, if any				

To be filled in by the Officer reported upon

(Please read carefully the instruction before filling the entries)

1. (Brief description of duties)

2. Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself or that were set for you, eight to ten items of work in the order of priority and your achievement against each target. (Example; Annual Action Plan for your Division).

Sl. No.	Targets/Objectives/Goals	Achievements	Remarks
1			
2			
3			
4			
5			
6			
7			
8			

(Please also indicate items by marking (✓) in which there has been significant higher achievements and contribution thereto)

3. Please state whether the annual return on immovable property for the preceding calendar year was filled within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filling the return should be given.

Date :

Signature of officer reported upon

PART – 3**NUMERICAL GRADING**

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10 where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the instruction before filling the entries)

(A) Assessment of work output (weightage to this Section would be 40%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part 5)
i) Accomplishment of planned work/work allotted as per subjects allotted.		
ii) Quality of output		
iii) Analytical ability		
iv) Accomplishment of exceptional work / unforeseen tasks performed		
Overall Grading on 'Work Output'		

(B) Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part 5)
i) Attitude to work		
ii) Sense of responsibility		
iii) Maintenance of Discipline		
iv) Communication skills.		
v) Leadership qualities.		
vi) Capacity to work in team spirit		
vii) Capacity to adhere to time-schedule		
viii) Inter-personal relations		
ix) Overall bearing and personality		
Overall Grading on 'Personal Attributes'		

(c) Assessment of functional competency (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)
i) Knowledge of Rules/Regulations/Procedures in the area of function and ability to apply them correctly.		
ii) Strategic planning ability		
iii) Decision making ability		
iv) Ability to motivate and develop subordinates		
v) Initiative		
Overall Grading on 'Functional Competency'		
Signature of Reporting Authority		

PART – 4

GENERAL

1. Relations with the public (wherever applicable)

(Please comment on the Officer's accessibility to the public and responsiveness to their needs.)

--

2. Training

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officer)

--

3. State of Health (Summary of Medical Report to be attached)

--

4. Integrity

(Please comment on the integrity of the officer)

--

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength, extraordinary achievements, significant failures (ref. 3(A) & (B) of Part-2) and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B and C in Part-3 of the Report.

Signature of the Reporting Officer

Place :

Name in Block Letters :

Designation :

Date :

During the period of Report :

PART – 5

TO BE FILLED BY REVIEWING AUTHORITY

1. Length of service under the Reviewing Officer

--

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 & Part-4? Do you agree with the assessment of reporting officer?

Yes	No
-----	----

3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

--

4. Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength and lesser strength and his attitude towards weaker sections. ?

--

5. Overall numerical grading on the basis of weightage given in Section A, B and C in Part – 3 of the Report.

--

Signature of the Reviewing Officer

Place:

Name in Block Letters:

Designation:

Date:

During the period of Report:

Guideline regarding filling up APAR with numerical grading.

1. The columns in the APAR should be filled in with due care and after devoting adequate time in manuscript.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the picture by way of specific failures and similarly, any grade of 9 or 10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.
3. APAR graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for the empanelment/promotion.
4. APAR graded between 6 and short of 8 will be rated as "Very Good" and will be given a score of 7.
5. APAR graded between 4 and Short of 6 will be rated as "Good" and will be given a score of 5.
6. APAR graded below 4 will be given a score of "Zero".
7. Fraction grading in APAR will NOT be given.

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
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(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check Up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Senior Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)
SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910
by for information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)
SPL. SECRETARY (SERVICES)

164/C

136/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

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The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy.

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

**ANNUAL PERFORMANCE APPRAISAL REPORT
for
Assistant Director**

Name of Officer _____
Report for the year/period _____

FORM

Annual Performance Appraisal Report of Officers of Assistant Director

Report for the year/period.....

PERSONAL DATA

PART-1A

(To be filled by the Administrative Section concerned of the Department/Office)

1. Name of Officer
2. Date of Birth (DD/MM/YYYY)...../...../.....
(in words).....
3. Date of continuous appointment to the present grade Date Grade.....
4. Post held and date of appointment thereto Post..... Date.....
5. Period of absence from duty (on training/leave etc.)
during the period. If he has undergone training specify)

PART-1 B

1. Name and designation of the Reporting Officer :
2. Name and designation of the Reviewing Officer :

PART-2

(SELF APPRAISAL)

To be filled in by the Officer reported upon

(Please read the instructions carefully before filling the entries)

1. Brief description of duties.

--

2. Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself or that were set for you, eight to ten items of work in the order of priority and your achievement against each target (if applicable). (Example: Annual Action Plan for your Division)

Targets/Objectives/Goals	Achievements

3. (A) Please state briefly the shortfalls with reference to the targets/objectives/goal referred to in item 2. Please specify constraints in achieving the targets.

- (B) Please also indicate items in which there have been significantly higher achievements and your contribution thereto.

4. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given. (To be filled if applicable)

Place : _____

Date: _____

Signature of officer reported upon

PART-3 (ASSESSMENT BY THE REPORTING OFFICER)

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10. Where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling the entries)

(A) Assessment of work output (weightage to this Section would be 40%)

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initials of Reviewing Authority
i) Accomplishment of planned work/work allotted as per subjects allotted.			
ii) Quality of output			
iii) Analytical ability			
iv) Accomplishment of exceptional work/ unforeseen tasks performed			
Overall grading on "Work Output"			

(B) Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initials of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of Discipline			
iv) Communication skills			
v) Leadership qualities			
vi) Capacity to work in team spirit			
vii) Capacity to adhere			
viii) Inter-personal relations			
ix) Overall bearing and personality			
Overall Grading on "Personal Attributes"			

(C). Assessment of functional competency (Weightage to this Section would be 30%)

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initials of Reviewing Authority
i) Knowledge of Rules/regulations/Procedures in the area of function and ability to apply them correctly			
ii) Strategic planning ability			
iii) Decision making ability			
iv) Coordination ability			
v) Ability to motivate and develop subordinates			
vi) Initiative			
Overall Grading on 'Functional Competency'			

Note : The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.

PART – 4

GENERAL

1. Relations with the public (wherever applicable)
(Please comment on the Officer's accessibilities to the public and responsiveness to their needs)

--

2. Training
(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officer)

--

3. State of Health (Summary of Medical Report to be attached)

4. Integrity

(Please comment on the integrity of the officer)

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength, extraordinary achievements, significant failures (ref. 3(A) & 3(B) of Part-2) and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B and C in Part-3 of the Report.

Signature of the Reporting Officer

Place :

Name in Block Letters.....

Date :

Designation:
(During the period of Report)

PART – 5 (REMARKS OF THE REVIEWING OFFICER)

1. Length of service under the Reviewing Officer

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 and Part-4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? (Ref. Part-3(A)(iv) and Part-4(5))

3. In case of disagreement please specify the reasons. Is there anything you wish to modify or add?

4. Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including areas of strength and lesser strength and his attitude towards weaker sections.

5. Overall numerical grading on the basis of weightage given in Section-A, Section-B and Section-C in Part-3 of the Report.

Signature of the Reviewing Officer

Place:.....

Name in Block Letters:.....

Date:.....

Designation:.....
(During the period of Report)

Guidelines regarding filling up of APAR with numerical grading

1. The APAR Report is an important document, it provides the basic and vital inputs for assessing the performance of an official and for his/her further advancement in his/her career. The official reported upon, the Reporting Officer and the Reviewing Officer should, therefore, undertake the duty of filling out the form with a high sense of responsibility.
2. Reporting Officer should realize that the objective is to develop an official so that he / she realize his / her true potential. It is not meant to be a fault finding process but a development one. The Reporting Officer and the Reviewing Officer should not shy away from reporting shortcomings in performance, attitudes or overall personality of the officer reported upon.
3. The items should be filled with due care and attention and after devoting adequate time. Any attempt to fill the report in a casual or superficial manner will be easily discernible to the higher authorities.
4. If the Reviewing Officer is satisfied that the Reporting Officer had made the report without due care and attention he / she shall record a remark to that effect in item 2 of Part-V. The Government shall enter the remarks in the APAR of the Reporting Officer.
5. Every answer shall be given in a narrative form except where numerical grading is to be awarded. The space provided indicates the desired length of the answer. Words and phrases should be chosen carefully and should accurately reflect the intention of the officer recording the answer. Unambiguous and simple language may be used.
6. The Reporting Officer shall, in the beginning of the year, assign targets to each of the officers will report to whom he is required to report upon for completion during the year. In the case of an officer taking up a new post in the course of the reporting year, such targets / goals shall be set at the time of assumption of the new change. The tasks / targets set should clearly be known and understood by both the officers concerned.
7. Although performance assessment is a yearend exercise, in order that it may be a tool for human resource development, the Reporting Officer should at regular intervals review the performance and take necessary corrective steps by way of advice etc.
8. It should be the endeavour of each appraiser to present the truest possible picture of the appraisee in regard to his / her performance, conduct, behavior and potential.
9. Assessment should be confined to the appraisee's performance during the period of report only.
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 - iii) APARs graded between 8 and 10 will be rated as 'Outstanding' and will be given a score of 9 for the purpose of calculating average scores for empanelment / promotion.
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Note

The following procedure should be followed in filling up the item relating to integrity:-

- (i) If the officer / officials integrity is beyond doubt, it may be so stated.
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 - (a) A separate secret note should be recorded and followed up. A copy of the note should also be sent together with the Confidential Report to the next superior officer who will ensure that the follow – up action is taken expeditiously. Where it is not possible either to certify the integrity or to record the secret note, the Reporting Officer should state either that he has not watched the officer/ official's work for sufficient time to form a definite judgment or that he has heard nothing against the officer/ official, as the case may be.
 - (b) If, as a result of follow – up action the doubts or suspicions are cleared, the officer's / official's integrity should be certified and an entry made accordingly in the Confidential Report.
 - (c) If the doubts or suspicions are confirmed, the fact should also be recorded and duly communicated to the officer concerned.
 - (d) If as a result of the follow up action, the doubts or suspicions are neither cleared nor confirmed the officer's conduct should be watched for a further period and thereafter action taken as indicated at (b) and (c) above.

(Ministry of Home Affairs O.M. No. 51/4/84-Estt(a) dated 21-06-1965)

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Sut+Cord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

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State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Sut+Cord/3910

Dated:- 5/8/2019

by for information and compliance to:-

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

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The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

--

2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

Annual Performance Appraisal Report

HEAD CLERK/ASSISTANT /UPPER DIVISION CLERK

Name of the Officer (in Capital Letters)

Report for the year/period ending

Department of

Form

Annual Performance Appraisal Report of Head Clerk/Upper Division Clerk

Report of the year/period ending.....

PERSONAL DATA

PART-1

(To be filled by the Administrative Section concerned of the Department)

1.	Name of the Officer (In capital letter)		
2.	Date of Birth		
3.	Designation of Post held		
4.	Whether the Officer belongs to SC/ST?		
5.	Date of continuous appointment in the present grade	Date.....	Grade.....
6.	Period of absence from duty on leave, training etc. during the year		

PART-2 SELF APPRAISAL

[To be filled by the Officer Reported upon]

(Please read carefully the instructions before filling the entries)

1. Brief description of the duties:-

**2. Brief resume of the work done by you during the year/period fromto
(The resume to be furnished should be limited to 100 words)**

Date:

Signature of the officer reported upon.

PART -3 ASSESSMENT BY THE REPORTING OFFICER

(Please read carefully the guidelines before filling the entries)

Numerical grading is to be awarded for each of the attributes by the reporting authority which should be on a scale of 1-10, where 1 refers to the lowest grade and 10 to the highest.

(A). Assessment of work output (Weightage to this Section would be 40%).

	Grades by Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with col-2)	Initial of Reviewing Authority
1	2	3	4
i) Accomplishment of Planned work/ work allotted as per subjects allotted			
ii) Quality of work			
iii) Proficiency in typing (speed accuracy)			
iv) Proficiency in work, namely maintenance of prescribed register and charter etc.			
v) Overall Grading on 'Work Output' (Total [i to iv]/4)			

(B). Assessment of personal attributes (Weightage to this Section would be 30%).

	Grades by Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with col-2)	Initial of Reviewing Authority
1	2	3	4
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of discipline			
iv) Communication skills			
v) Analytical ability			
vi) Ability to work in team			
vii) Ability to meet deadline			
viii) Inter-personal relations			
Overall Grading on "Personal Attributes" (Total [i to viii]/8)			

(C). Assessment of functional competency (Weightage to this Section would be 30%).

	Grades by Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with col-2)	Initial of Reviewing Authority
1	2	3	4
i). Knowledge of Rules/ Regulations/ Procedures in the area of function and ability to apply them correctly.			
ii). Coordination ability			
iii). Initiative			
iv). Proficiency in working on computer			
Overall Grading on "Functional Competency" (Total [i to iv]/4)			

Note: The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.

GENERAL

Part 4

1. Relations with the public (wherever applicable).

(please comment on the officer's accessibility to the public and responsiveness to their needs)

2. Training

(please give recommendations for training with a view to future improving the effectiveness and capabilities of the officer)

3. State of Health (Summary of Medical Report to be attached)

4. Integrity

(Please comment on the integrity of the officer)

5. Pen picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B, and C in Part- III of the Report.

Signature of the Reporting Officer

Place: _____

Name in Block letters: _____

Date: _____

Designation: _____
(During the period of Report)

Part -5. REMARKS OF THE REVIEWING OFFICER:

1. Length of service under the Reviewing Officer.

2. Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-3 & Part-4? [refer Part-3 & Part-4(5)] (In case you don't agree with any of the numerical assessments of attributes please record your assessment on the column provided for you in that section and initial your entries)

3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

4. The attitude of the Reporting officer in assessing the performance of SC/ST officer.

5. **Pen picture by Reviewing Officer** Please comment (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength and attitude towards weaker sections.

7. **Overall numerical grading** on the basis of weightage given in Section A, B, and C in Part-3 of the Report.

Place: _____

Date: _____

Signature of the Reviewing Officer

Name in Block letters: _____

Designation: _____
(During the period of Report)

Guidelines regarding filling up of APAR with numerical grading

1. The columns in the APAR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.
3. APAR graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
4. APAR graded between 6 and 8 will be rated as "Very Good" and will be given a score of 7.
5. APAR graded between 4 and short of 6 will be rated as "Good" and will be given a score of 5.
6. APAR graded below 4 will be given a score of "zero".

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4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

by for information and compliance to:-

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

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The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

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5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

Annual Performance Appraisal Report

For

Lower Division Clerk

Name and designation of the Officer

Report for the year/period ending

Department / Directorate of

FORM

Annual Performance Appraisal Report of Lower Division Clerk

Report for the year/period ending

Part – 1

PERSONAL DATA

(To be filled in by the Administrative Section of Concerned Department/ Office)

1. Name of the Officer
2. Present establishment
3. Date of Birth (DD/MM/YYYY)/...../.....
Date of Birth (in words)
4. Date of continuous appointment
to the present grade Date Grade.....
5. Post held and date of
Appointment thereto Post Date
6. Period of absence from duty (on
training, leave etc) during the year
(if he/she has undergone training,
Specify)

PART 1 B

1. Name and designation of the Reporting Officer
2. Name and designation of the Reviewing Officer

PART-2

(SELF APPRAISAL)

[To be filled by the Officer Reported upon]

(Please read the instructions carefully before filling the entries)

1. Brief description of duties and resume of the work done by you during the period from to (The resume to be furnished should be limited to 100 words)

Place.....

Date.....

Signature of the officer reported upon

PART-3 (ASSESSMENT BY THE REPORTING OFFICER)

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10. Where 1 refers to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling the entries)

(A) Assessment of work output (weightage to this Section would be 40%)

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initials of Reviewing Authority
Accomplishment of planned work/work allotted as per subjects allotted.			
Quality of work			
Proficiency of typing (Speed and accuracy) (Wherever applicable)			
Proficiency in work namely maintenance of prescribed registers and charts etc.			
Overall grading on "Work Output"			

(B) Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no. 2)	Initials of Reviewing Authority
Attitude to work			
Sense of responsibility			
Maintenance of Discipline			
Communication skills			
Ability to work in team			
Ability to meet deadline			
Inter-personal relations			
Overall Grading on "Personal Attributes"			

(c) Assessment of functional competency (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)
i) Knowledge of Rules/Regulations/Procedures in the area of function and ability to apply them correctly.		
ii) Coordination ability		
iii) Initiative		
iv) Proficiency in working on computer, wherever available		
Overall Grading on 'Functional Competency' (Total (i to iv)/4)		

Note: The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned.

PART – 4

GENERAL

1. Relations with the public (wherever applicable)

(Please comment on the Officer's accessibility to the public and responsiveness to their needs.)

--

2. Training

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officer)

--

3. State of Health (Summary of Medical Report to be attached)

--

4. Integrity

(Please comment on the integrity of the officer)

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B and C in Part-3 of the Report.

Signature of the Reporting Officer

Place :

Name in Block Letters :.....

Designation :

Date :

During the period of Report :

PART – 5

TO BE FILLED BY REVIEWING AUTHORITY

1. Length of service under the Reviewing Officer

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 & Part-4? Do you agree with the assessment of reporting officer ?

3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

4. The attitude of the Reporting Officer in assessing the performance of SC/ST/officer

5. Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength and lesser strength and his attitude towards weaker sections. ?

6. Overall numerical grading on the basis of weightage given in Section A, B and C in Part – 3 of the Report.

Signature of the Reviewing Officer

Place :

Name in Block Letters :

Designation :

Date :

During the period of Report :

Guidelines regarding filling up of APAR with numerical grading

1. The Annual Performance Assessment Report is an important document, it provides the basic and vital inputs for assessing the performance of an official and for his/her further advancement in his/her career. The official reported upon, the Reporting Officer and the Reviewing Officer should, therefore, undertake the duty of filling out the form with a high sense of responsibility.
2. Reporting Officer should realize that the objective is to develop an official so that he / she realize his / her true potential. It is not meant to be a fault finding process but a development one. The Reporting Officer and the Reviewing Officer should not shy away from reporting shortcomings in performance, attitudes or overall personality of the officer reported upon.
3. The items should be filled with due care and attention and after devoting adequate time. Any attempt to fill the report in a casual or superficial manner will be easily discernible to the higher authorities.
4. If the Reviewing Officer is satisfied that the Reporting Officer had made the report without due care and attention he / she shall record a remark to that effect in item 2 of Part-V. The Government shall enter the remarks in the APAR of the Reporting Officer.
5. Every answer shall be given in a narrative form except where numerical grading is to be awarded. The space provided indicates the desired length of the answer. Words and phrases should be chosen carefully and should accurately reflect the intention of the officer recording the answer. Unambiguous and simple language may be used.
6. The Reporting Officer shall, in the beginning of the year, assign targets to each of the officers will report to whom he is required to report upon for completion during the year. In the case of an officer taking up a new post in the course of the reporting year, such targets / goals shall be set at the time of assumption of the new change. The tasks / targets set should clearly be known and understood by both the officers concerned.
7. Although performance assessment is a yearend exercise, in order that it may be a tool for human resource development, the Reporting Officer should at regular intervals review the performance and take necessary corrective steps by way of advice etc.
8. It should be the endeavour of each appraiser to present the truest possible picture of the appraisee in regard to his / her performance, conduct, behavior and potential.
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(Ministry of Home Affairs O.M. No. 51/4/84-Estt(a) dated 21-06-1965)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
 SERVICES DEPARTMENT (COORDINATION BRANCH)
 B-WING, 7TH LEVEL, DELHI SECRETARIAT
 I.P. ESTATE, NEW DELHI-110002
 (<http://services.delhigovt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

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(S N MISRA)
 SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910
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Dated:- 5/8/2019

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(S N MISRA)
 SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

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5. Office Copy

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PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:
2. Year/Period of Assessment:
3. Date of Disclosure of APAR to the officer/official reported upon :
4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----
5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
FORM OF CONFIDENTIAL REPORT OF DY. DIRECTOR (SYSTEM) / ASSTT.
DIRECTOR (SYSTEM)

Report for the year / period ending _____

PART – I PERSONAL DATA

(To be filled by the Personnel Department)

- 1 Name of the Officer :
- 2 Designation / Post held (with scale of pay) :
- 3 Date of birth :
- 4 Date of continuous appointment to the present grade viz. :
- 5 Whether permanent, quasi – permanent / temporary :
- 6 Department(s) in which served during the year under report and period of service in each :
- 7 Period of absence from duty on leave, training etc. during the year :
- 8 Whether belongs to Scheduled Caste or Scheduled Tribe :

Contd.....2/-

: 2 :

PART – II

(TO BE FILLED BY THE OFFICE REPORTED UPON)

- 9 Any academic qualification acquired during the period of this report :
- 10 Current membership of professional institution :
- 11 Brief resume of the work done by the officer reported upon during the period bringing out any special achievements during the period :

NOTE: The resume should not exceed
Three hundred words :

12 Field of Specialisation :

Contd.....3/

P A R T - III

(Assessment by the Reporting Officer)

- 13 Do you agree with the resume of work as indicated by the officer in Part II of the report and in particular regarding the special achievements, if any mentioned by the Officer? If not, indicate briefly the reasons for disagreeing with it.

- 14 State of Health :

NOTE : Assessment under columns 15 to 21 below should not be indicated by tick marking but should be expressed clearly in suitable words.

- 15 Temperament :

- (a) Is he calm and does he retain poise at times of pressure of work?
- (b) Does he get provoked easily.
- © Is he able to tolerate difference of opinion.

- 17 Intelligence and understanding :

- (a) Exceptional and has clear grasp.
- (b) Is intelligent and grasps a point correctly with reasonable speed.
- © Shows a barely adequate grasp.
- (d) Very slow and/or often misses the point.

- 17 Technical knowledge and competence:

- (i) Management (Projects/Operations)
applicable/not applicable)

- (a) Excellent
- (b) Very Good
- (c) Good
- (d) Average
- (e) Poor

- (ii) System Design / Programming :

- (a) Excellent
- (b) Very Good
- (c) Good
- (d) Average
- (e) Poor

(iii) Training :

Applicable /not applicable :

- (a) Excellent
- (b) Very Good
- (c) Good
- (d) Average
- (e) Poor

(iv) Knowledge of related fields (fields should be specified)

- (a) Excellent
- (b) Very Good
- (c) Good
- (d) Average
- (e) Poor

18 Quality of work :

(i) Attention to details :

- (a) Most reliable and comprehensive .
- (b) Considers details adequately.
- © Apt to be over-concerned with petty details and loses perspective.
- (d) Inclined to be superficial.

(ii) Judgement :

- (a) His proposals are sound and will thought off.
- (b) Reliable
- © Takes a reasonable view.
- (d) Unreliable, undecided or rigid or superficial or erratic.

(iii) Presentation of papers / notes :

- (a) Extremely clear, cogent and logical.
- (b) Very good and expresses himself clearly and concisely.
- © Just good enough.
- (d) Does not have ability to present case properly.

(iv) Promptness :

- (a) Very prompt.
- (b) Reasonably prompt.
- © Is slow and tends to delay.

(v) Ability in discussion and conversation :

- (a) Very effective and convincing.
- (b) Good and put across his points clearly
- © Expresses adequately.
- (d) Poor

(vi) Quality of supervision :

- (a) Very through and of a high order.
- (b) Good and useful.
- © Average and routine.
- (d) Poor

19 Industry and conscientiousness :

(i) Initiative and drives

- (a) Excellent
- (b) In good measure
- © Adequate
- (d) Lacking

(ii) Readiness to accept responsibility :

- (a) Promptly comes forward and accepts responsibility.
- (b) Accepts responsibility, if it comes.
- © Shirks responsibility.

20 Control and management of staff :

(i) Ability to inspire confidence and to get the best out of the staff:

- (a) Gets the best from them.
- (b) Just manages.
- © Inadequate

(ii) Capacity to train, help and advise the staff and ability to handle his subordinates :

- (a) Excellent
- (b) Very Good
- © Good
- (d) Average
- (e) Poor

21 Relationship with the colleagues :

- (a) Excellent
- (b) Very Good
- © Good
- (d) Average
- (e) Poor

22 Has been reprimanded for indifferent Work, or for other causes during the Period under review ?

Brief particulars to be given.

23 Other observations :

(This space may be utilized for remarks which complete corroborate or supplement what has been indicated above. This should not, however, be used for merely repeating in vague terms what has already been stated. Specific points, such as, special accomplishments during the period under report and any other aspects not covered in the proforma given above which the Reporting Officer considers specifically worth mentioning, may also be indicated here.)

24 Integrity :

(Instructions contained in Ministry of Home Affairs OM NO. 51 / 4 / 64 (Estt. A.) dated 21.6.65 should be kept in mind.)

Signature of
Reporting Officer _____

Name in Block Letters _____

Designation _____

Date _____

PART IV

(REMARKS OF THE REVIEWING OFFICER)

- 25 Length of service under the Reviewing Officer.
- 26 Do you agree with the Reporting Officer in regard to his remarks on the resume of the work done by the Officer contained in Part – II of the Report – if not indicate briefly the reasons for disagreeing with the Reporting Officer.
- 27 Overall assessment of performance and qualities.
- 28 Has the Officer nay special characteristics and/or any outstanding merits or abilities which would justify his advancement and special selection for higher appointment out of turn ? If so, mention those characteristics briefly, and indicate why you consider him fit for out of turn promotion.

Signature of
Reviewing Officer_____

Name in Block Letters_____

Designation _____

Date_____

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Supt+Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check Up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APAR in r/o DASS/Steno-Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt+Coord/3910

Dated:- 5/8/2019

by for information and compliance to:-

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

136/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

2. Year/Period of Assessment:

3. Date of Disclosure of APAR to the officer/official reported upon :

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

**ANNUAL PERFORMANCE APPRAISAL REPORT
FOR ASSISTANT DIRECTOR (Plg.) /DY. DIRECTOR
(Plg.)/SOCIOLOGIST**

FORM

Report for the year/period _____

PERSONAL DATA

PART-I A

(To be filled by the Administrative section concerned of Department/Office)

1. Name of Officer -
2. Designation -
3. Academic Qualification -
4. Current membership of Professional Institution -
5. Date of Birth -
6. Scale of Pay -
7. Present Pay -
8. Date of appointment to the present Post/grade -

Brief resume of the work done by the officer reported upon during the period from _____ to _____ bringing out any special achievement of his the period. (To be filled up by the officer reported upon).

Note: The resume should not exceed three hundred words.

Assessment by reporting officer-

1. Do you agree with the resume of work as indicated by the officer in part-II of the report and in particular regarding the special achievement if any mentioned by the officer, if not, indicate briefly the reasons for disagreeing with it and the extent of your disagreement.

2. State of Health
(Summary of Medical Report to be attached).

3. Ability to show originality and comprehension, to analyse and visualize consequences and repercussions to help decisions.

- (a) Outstanding
- (b) Excellent
- (c) Very Good
- (d) Good
- (e) Average
- (f) Poor

4. Knowledge of theory and practice of planning and allied subjects.

- (a) Outstanding
- (b) Excellent
- (c) Very Good
- (d) Good
- (e) Average Poor

5. Power of expression in decision/notes and in discussion.

- (a) Very effective and convincing.
- (b) Good and puts across his points clearly.
- (c) Express adequately.

6. Attention to details.

- (a) Most reliable and comprehensive.
- (b) Considers all relevant details.
- (c) Apt to be over-concerned with
Petty details and loss perspective.
- (d) Inclines to be superficial.

7. Judgment.

- (a) His Proposals or decisions are
Constantly sound and well
Thought of.
- (b) Reliable.
- (c) Takes a reasonable views.
- (d) Unreliable, undecided, unrigid,
Superficial or errated.

8. Willingness to accept responsibility and take decisions.

- (a) Promptly comes forward and accepts
Responsibility.
- (b) Accepts responsibility to others.
- (c) Tends to evade.
- (d) Passes responsibility to others.

9. Industry and consciousness:

- (a) Outstanding
- (b) Excellent
- (c) Very Good
- (d) Average
- (e) Poor

10. Promptness in disposal of works:

- (a) Very Prompt
- (b) Reasonably Prompt
- (c) Is slow and tends to delay

11. Capacity to train, help and advise the staff and ability to handle his subordinates:

- (a) Outstanding
- (b) Excellent
- (c) Very Good
- (d) Average
- (e) Poor

12. Relationship with colleagues:

- (a) Wins and retains the highest regards of all.
- (b) Is generally liked and respected.
- (c) Not easy in his relationship but gets by.
- (d) A difficult colleague.

13. Aptitude for research/design and/or field survey and investigation and/or Secretariat type of work. (Strike out what is not applicable.)

- (a) Outstanding
- (b) Excellent
- (c) Very Good
- (d) Average
- (e) Poor

14. Initiative and drive

- (a) Outstanding
- (b) Excellent
- (c) In good measure
- (d) Adequate.
- (e) Lacking.

15. Integrity:

(Instructions contained in Ministry of Home Affairs O.M. No. 51/4/64-Estt. (A) dated 21.06.1965 should be kept in mind.

16. Has he been reprimanded for indifferent work or other causes during the period under review Brief particular to be given.

17. Punctuality and attendance.

18. Other observations.

(This space may be utilized for remarks which complete, corroborate or supplement what has been indicated above. This should not, however, be used formerly repeating in vague terms what has already been stated, Specific points such as special accomplishments during the period under report and any other aspects not covered in the proforma given above which the reporting officer considers worth mentioning may also be indicated.)

Signature of Reporting Officer

Name in Block Letters

Designation

Date

Reporting of the Reviewing Officer

1. Length of Service under the Reviewing Officer.

2. Do you agree with the Reporting in regard to his remarks on the resume of the work done by the Officer as contained in part-II of the Report? If not, indicate briefly the reasons for disagreeing with the reporting officer and the extent of your disagreement.

3. Overall assessment of performance.

4. (a) Fitness for promotion.
 (b) Fit.
 (c) Not yet Fit.

5. Has the officer any special characteristics and/or any outstanding merits or abilities which would justify his advancement and special selection for higher appointment cut of turn? If so, mentions these characteristics briefly and indicate why you consider him fit for cut of turn promotion.

Signature of Reviewing Officer

Name in Block Letters

Designation

Date

Counter-signature by the next high officer with remarks, if any.

Signature of Counter-signing Officer

Name in Block Letters

Designation

Date

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check Up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4. (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)
SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910
by for information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)
SPL. SECRETARY (SERVICES)

164/C

136/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy.

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of
the officer/Official
reported upon:

--

2. Year/Period of
Assessment:

--

3. Date of Disclosure of
APAR to the officer/official
reported upon :

--

4. Whether representation
received from the
officer/official reported
upon:

Yes	No
-----	----

5. If yes, date of disclosure
to the officer/official
reported after
consideration of
his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
FORM OF CONFIDENTIAL REPORT OF JUNIOR DRAFTMAN / DRAFTMAN
GRADE I, II & III

Report for the period ending _____

- 1 Name
- 2 Date of birth
- 3 Educational qualifications
- 4 Date of continuous appointment to the present grade
- 5 Whether permanent, quasi-permanent or temporary
- 6 Sections in which the officials has served during the period of service in each sections.

ASSESSMENT BY THE REPORTING OFFICER

- 7 Proficiency in :
 - a) Tracing
 - b) Original Drawing work
- 8 Accuracy and speed of work
- 9 Intelligence, industry and keenness
- 10 Ability to command and deal with subordinates and relation with fellow employees.
- 11 Amenability of discipline
- 12 Punctuality of attendance
- 13 Assessment of integrity
- 14 Fitness for promotion to the higher scale
- 15 General summing up of good and Bad qualities.
- 16 Grading :
(Outstanding, Very Good, Good, Fair or Poor)

Signature of Associate Planner /
Associate Architect
Name in Block letters _____

Remarks of the Town Planner.

Signature of the Town Planner

Name in Block Letters _____

Remarks of the Reviewing Officer

The Reviewing Officer should carefully consider and state whether he accepts the assessment of the Reporting Officer in all respects. If he differs from the Reporting Officer in any respect, the fact should be carefully stated.

Signature of the Reviewing Officer

Name _____

Designation _____

Note : The substance of an unfavourable report will be as a rule be communicated to the officer reported on either orally or in writing as may be considered appropriate by the Reviewing Officer and the fact or such communication noted on this report before it is sent to the Establishment Officer for custody. In exceptional cases, if the Reviewing Officer feels that communications of unfavourable remarks will serve no useful purpose and may only discourage the officer reported on, he should submit the matter for the orders of the next superior officer, unless the Reviewing Officer is himself the Secretary.

.....

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
 SERVICES DEPARTMENT (COORDINATION BRANCH)
 B-WING, 7TH LEVEL, DELHI SECRETARIAT
 I.P. ESTATE, NEW DELHI-110002
 (<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

The Hon'ble L.G, Delhi has approved the mandatory "Annual Health Check Up Scheme" in respect of all Govt. employees of GNCTD aged forty years and above. Accordingly, summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employee concerned. Therefore, point No. 3 of Part 4 of APARs in r/o DASS/Staff Cadre employees is modified as under:-

State of Health (Summary of Medical Report to be attached)

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Supt Coord/3910

Dated:- 5/8/2019

by for information and compliance to:-

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

184/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

Sub: Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

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The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy.

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

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2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

**DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI**

**FORM OF CONFIDENTIAL REPORT OF ARCHITECT /
ASSTT. ARCHITECT**

Period from _____ to _____

- 1 Name in full _____
- 2 Date of birth _____
- 3 Date & designation of
first joining in DUSIB _____
- 4 Date of joining as Architect/
Sr. Architect in DUSIB _____
- 5 Technical Qualifications _____
- 6 Educational Qualifications _____
- 7 Present post designation,
office & date from which
working _____
- 8 Fellowship / membership of
Professional bodies if any. _____

PART – I

SELF APPRAISAL

Indicate salient features of your work during the year and extent of your contribution in the accomplishment of important tasks. Highlight nature and quantum of work handled, with respect to Housing, Commercial and other design projects. The Self – Appraisal should clearly bring out verifiable facts and figures and should be limited to not more than 300 words.

Date:

Signature _____

Place:

Name in Block _____
Letters

PART - IICOMMENTS OF THE REPORTING OFFICER

(A) On Self-appraisal written by :
Architect / Sr. Architect and
his own remarks about quality
of work in the office.

(B) Assessment by Reporting
Officer.

TECHNICAL :

- | | | |
|-------|--|--------------------------------------|
| i) | Competency in architectural theory and application. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| ii) | Competency in design in relation to geographical factors and ability to exploit them. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| iii) | Competency in coordinating the design with structural and other service inputs. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| iv) | Ability for research and application of new materials and innovation in constructional techniques. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| v) | Knowledge of Master Plan, land uses, urban controls and all building codes. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| vi) | Capability of economics in design concepts and cost reduction factors. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| vii) | Power and competence of analysis, design programming and their effective implementation and control. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| viii) | Ability to ensure coordination and proper implementation of projects through the site inspection. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |

C) ADMINISTRATIVE :

- | | | |
|-----|--|--------------------------------------|
| i) | Capacity of expression, communication and presentation. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |
| ii) | Management of the office, personnel and promptness in taking decision. | <u>/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /</u> |

iii) Capacity for coordination, the team work, leader- / 1 / 2 / 3 / 4 / 5 / 6 / 7 / work through ship and guidance.

Contd.....3/-

iv) Efficiency and promptness in organizing departmental in inter-departmental meetings, inter-action with outside agencies, research work, seminars and discussions. / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

v) Relationship with colleagues and sub-ordinates. / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

D) GENERAL :

i Integrity / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

ii) Discipline / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

iii) Assessment of overall performance.

Signature _____

Date:

Name in Block _____
Letters

PART - III

REPORT BY REVIEWING OFFICER

1 General remarks in the light of the assessment of the Reporting Officer indicating whether reviewing officer agrees with the report of Reporting Officer and bringing out difference if any:

2 Management / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

3 Overall performance / 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature _____

Date:

Name in Block _____
Letters

PART - IV

REPORT BY COUNTERSIGNING OFFICER

1 Do you have a personal Enough Moderate Not much
knowledge of the officers
performance.

2 Overall assessment (in case
total up grades in part II and
enter in score)

Score

/ 1 / 2 / 3 / 4 / 5 / 6 / 7 /

Signature _____

Name in Block _____
Letters

NOTE: For Reports grading will be as under:

1 Poor 2. Fair 3. Average 4. Good 5 Very Good
6 Excellent 7 Outstanding

NOTE: For integrity grading will be as under:

1 Established as bad 2 Doubtful 3. No case
4 Good 5. Impeccable

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135 C

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Subt Coord/3910

Dated:- 5/8/2019

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(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Subt Coord/3910
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2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

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Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
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3. Date of Disclosure of APAR to the officer/official reported upon :

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4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002

ANNUAL PERFORMANCE APPRAISAL REPORT
NAIB TEHSILDAR /KANOONGO / PATWARI

Name of officer (in Capital Letters) _____

Report for the year/period ending _____

Form

Annual Performance Appraisal Report of Naib Tehsildar/Kanungo / Patwari

PERSONAL DATA

Period from: _____ to _____

PART-I: Personal Data

Employee's I.D. No. _____

1. Name of Officer:
2. Father's Name:
3. Designation:
4. Date of Birth:
5. Educational Qualification:
6. Married or single
7. Date of continuous appointment in the present grade in DJB viz.:
8. Permanent / Temporary
9. Section in which served during the year
Under report and period of service in each:
10. Attach the nature of work for which appointment
Has been made and self assessment report:
11. Period of absence from duty, on leave, training etc.,
During the year:
12. Please state whether the Annual Return on Immovable
Property for the preceding calendar year was filed within
the prescribed date i.e. 31st January of the following calendar
year. If so, the date of filling the returns should be given

Part-II

Self Appraisal

Indicate salient features of your work during the year and extent of your contribution in the accomplishment of important tasks. Highlight nature and quantum of work handled. The self appraisal should clearly bring out verifiable facts and figures and should be limited to not more than 300 words. Training courses, Seminars attended etc. may be mentioned in this. The self-appraisal should be filled within the space earmarked in the proforma. No additional sheet to be attached.

--

	Name & Designation	Period worked
Reporting Authority		
Reviewing Authority		
Accepting Authority		

PART – III ASSESSMENT OF THE REPORTING OFFICER

1. Regularity and punctuality in attendance

--

2. Understanding of rules and regulation and knowledge of the problems related to the matter.

--

3. Field work:

- a) Nature _____
- b) Knowledge of areas _____
- c) Vigilance _____
- d) Capacity to control over sub-ordinates
And getting work done by them
(Remarks given by Kanoongo only) _____
- e) Intelligence, hard work and curiosity _____
- f) Comment on the capacity of expression
Himself/herself with clearly and broadly in
His/Her. _____
- g) Responsibility towards discipline _____
- h) Punctuality in attendance _____
- i) Relationship with colleagues _____
- j) Suitability for promotion in higher grade _____
- k) Assessment of integrity _____
- l) General summary of good and bad habits _____

ASSESSMENT OF WORK

- 1. Maintenance of diary _____
- 2. Suitability of inspection _____
- 3. Quality of Survey/ Research/ Examine _____
- 4. Proficiency in writing inspection report _____
- 5. Suitability and capacity for outside
Field work _____
- 6. Skill and ability to solve difficult problems _____

7. Eagerness to work after office hours _____
8. General behavior and responsibility
Towards discipline _____
9. If any adverseness regarding honesty
And integrity, please specify _____
10. Behavior towards public _____
11. Remarks on the subject of special importance
(Please mention the work for which appointed) _____
12. Confidentiality and maintenance in officer work _____
13. Has he been reprimanded, for being
Indifferent towards his Job during under report. _____
14. Has he been made responsible for any
Pending work during the period under report _____
15. General Assessment of personality
Character and behavior _____

16. Pen picture by the Reporting Officer, please comments (in about 100 words) on the overall qualities of the officer reported upon including areas of strength and lesser strength and his attitude towards weaker sections.

--

17. Overall Grading:

Outstanding	Very Good	Good	Average	Below Average
-------------	-----------	------	---------	---------------

Signature of Reporting Officer _____

Name in Block letters _____

Dated _____

Designation _____

PART – IV REMARKS BY THE REVVIEWING OFFICER

1. Reviewing officer consider carefully and explain whether he accepts the assessment made by reporting officer in all respect. If there is any difference of opinion on any matter with the reporting officer, then specify the fact.

2. Pen picture by the Reviewing Officer, please comment (in about 100 words) on the overall qualities of the officer including areas of strength and less strength and his attitude towards weaker sections.

3. Overall Grading _____

Signature of the Reviewing Officer _____

Name in block letters: _____

Dated _____

Designation: _____

PART-V (REMARKS BY THE COUNTERSIGNING OFFICER)

1. Overall Grading _____

Signature of Countersigning Officer _____

Name in block letters _____

Dated _____

Designation: _____

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
I.P. ESTATE, NEW DELHI-110002
(<http://services.delhi.govt.nic.in>)

4(1)/2017/Misc/S-IV/Sub+Coord/3910

Dated:- 5/8/2019

CIRCULAR

Regarding amendment in part 4(3) of APAR in respect of employees of GNCT of Delhi.

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State of Health (Summary of Medical Report to be attached)

--

(S N MISRA)

SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Sub+Coord/3910
by for information and compliance to:-

Dated:- 5/8/2019

1. All HoDs of GNCT of Delhi with the request to make necessary amendment in APAR in r/o their Ex-Cadre employees.
2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)

SPL. SECRETARY (SERVICES)

164/C

135/C

DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

Date: 23/9/19


Circular

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Please find enclosed herewith a circular dated 05/08/2019 issued by Spl. Secretary (Services), Services Department, GNCTD, Delhi Secretariat, on the subject cited. Accordingly, all the Reporting Officers are directed to ensure that summary of Health Report shall invariably be attached in part 4 (3) of the APAR of the employees who are aged forty years and above, before sending it to CR Branch.

The APAR proforma has been amended accordingly.

Encl: - As above


Dy. Director (Admn.)

Copy to:-

1. All concerned.
2. Notice Board.
3. Dy. Director (I.T) with the request to upload the amended APAR proforma's on DUSIB website.
4. Dy. Secretary (Services), Services-IV Department/ Confidential Cell, GNCTD, 7th Level "B" wing Delhi Secretariat, New Delhi-02
5. Office Copy

ANNEXURE

**CERTIFICATE FOR DISCLOSURE OF
PERFORMANCE ASSESSMENT REPORT**

1. Name and designation of the officer/Official reported upon:

--

2. Year/Period of Assessment:

--

3. Date of Disclosure of APAR to the officer/official reported upon :

--

4. Whether representation received from the officer/official reported upon:

Yes	No
-----	----

5. If yes, date of disclosure to the officer/official reported after consideration of his/her representation:

--

Signature of the forwarding authority
Name & Designation/Seal
Date: _____

Guidelines regarding filling up of ACR with numerical grading

1. The columns in the ACR should be filled in with due care and attention and after devoting adequate time.
2. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.
3. ACRs graded between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment/promotion.
4. ACRs graded between 6 and 8 will be rated as "Very Good" and will be given a score of 7.
5. ACRs graded between 4 and short of 6 will be rated as "Good" and will be given a score of 5..
6. ACRs graded below 4 will be given a score of "zero".

**DELHI URBAN SHELTER IMPROVEMENT BOARD
PUNARWAS BHAWAN, I.P. ESTATE,
NEW DELHI – 110002**

**ANNUAL PERFORMANCE APPRAISAL REPORT
FOR CHIEF LEGAL ADVISOR / LAW OFFICER/ J.L.O.**

Name of Office _____

Report for the year/period _____

FORM

Annual Confidential Report of Chief Legal Office/ Law Officer/ J.L.O
Report for the year/period _____

PERSONAL DATA

PART-I A

(To be filled by the Administrative section concerned of Department/Office)

1. Name of Officer:
2. Father's / Husband's Name:
3. Date of Birth:
4. Date of continuous appointment to present grade: Date Grade
5. Post held and date of appointing thereto: Post Date
6. Whether the officer belongs to SC/ST/OBC/PH:
7. Period of absence from duty (on training/ leave etc.)
during the year. If he has under gone training specify:

PART-I B

1. Name and designation of the Reporting Officer:
2. Name and designation of the Reviewing Officer:

PART-2

(SELF APPRAISAL)

[To be filled by the Officer Reported upon]
(Please read the instructions carefully before filling the entries)

1. Brief description of duties:

--

2. Brief resume of the work done by you during the period from _____ to _____

(The resume to be furnished should be limited to 100 words)

Targets/Objectives/Goals	Achievements

Date.....

Signature of the officer reported upon

3. A—Please state briefly, the shortfalls with reference to the targets/objectives/ goals referred to in item 2.

Please specify constraints in achieving the targets.

B - Please also indicate items in which there have been significantly higher achievements and your contribution there to.

4. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given. (To be filled if applicable)

Place:

Signature of the officer reported upon

Date:

PART-3**(ASSESSMENT BY THE REPORTING OFFICER)**

Numerical grading is to be awarded by reporting authority which should be on a scale of 1-10, where 1 refer to the lowest grade and 10 to the highest.

(Please read carefully the guidelines before filling the entries)

(A). Assessment of work output (Weightage to this Section would be 40%).

	Numerical Grading by Reporting Authority	Revised grades by Reviewing Authority (if doesn't agree with column no. 2)	Initial of Reviewing Authority
(1)	(2)	(3)	(4)
i) Accomplishment of Planned work/ work allotted as per subjects allotted (wherever applicable)			
ii) Quality of output			
iii) Analytical ability			
iv) Intelligence and understanding			
v) Attention paid towards: a) Court cases b) NHRC Cases c) NGOs			
vi) Presentation of court cases and other cases			
vii) Knowledge of rules, codes, manuals, instructions and procedures			
vii) Capacity to advise legal matters and promptness in disposal of work.			
Overall Grading on "Work Output" (Total [I to viii]/8)			

(B). Assessment of personal attributes (Weightage to this section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of Discipline			
iv) Communication Skills			
v) Leadership qualities			
vi) Ability to work in team			
vii) Ability to meet deadline			
viii) Inter-personal relations			
ix) Aptitude to solve problems			
Overall Grading on "Personal Attributes" (Total [I to ix]/9)			

(C) . Assessment of functional competency (weightage to this section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)	Initial of Reviewing Authority
i) Knowledge of rules/Regulations/Procedures in the area of function and ability to apply them correctly.			
i) Strategic planning ability			
ii) Decision making ability			
iii) Coordination ability			
iv) Ability to motivate and develop subordinates			
v) Initiative			
Overall Grading on "Functional Competency". (Total [I to vi]/6)			

NOTE: The overall grading will be based on addition on the mean value of each group of indicators in proportion to weightage assigned.

PART-4

GENERAL

- 1. Relation with the public (wherever applicable).**
(Please comment on the Officer's accessibility to the public and responsiveness to their needs.)

- 2. Training.**
(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the officer)

- 3. State of Health (Summary of Medical Report to be attached):**

- 4. Integrity:**
(Please comment on the integrity of the officer)

5. **Pen Picture by Reporting Officer (In about 100 words)** on the overall qualities of the officer including area of strength and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

--

6. **Overall numerical grading** on the basis of weightage given in Section A, B & C in Part-3 of the Report.

--

Signature of the Reporting Officer

Place:

Name in block letters:

Date:

Designation:.....

(During the period of Report)

PART-5 REMARKS OF THE REVIEWING OFFICER:

1. **Length of Service under the Reviewing Officer.**

--

2. Do you agree with the assessment made by the Reporting Officer with respect to the work output and the various attributes in Part-3 & Part-4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? [refer Part-3 (A)I9iv) & Part-4(5)].

(In case you don't agree with any of the numerical assessments of attributes please record your assessment on the column provided for you in that section and initial your entries)

YES	NO
-----	----

3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add.?

4. The attitude of reporting officer in assessing the performance of SC/ST officials.

5. **Pen picture by the Reviewing Officer.** Please comment (in about 100 words) on the overall qualities of the officer including area of strength and lesser strength and his attitude towards weaker sections.

6. **Overall numerical grading** on the basis of weightage given in Section A, Section B & Section C in Part-3 of the Report.

Signature of the Reviewing Officer

Place:

Name in block letters

Designation.....

Date:

(During the report period).

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
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4(1)/2017/Misc/S-IV/Suff Coord/3910

Dated:- 5/8/2019

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State of Health (Summary of Medical Report to be attached)

(S N MISRA)
SPL. SECRETARY (SERVICES)

No. 4(1)/2017/Misc/S-IV/Suff Coord/3910
by for information and compliance to:-

Dated:- 5/8/2019

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2. S.O. (CN) to upload the amended APAR on the website of the department.

(S N MISRA)
SPL. SECRETARY (SERVICES)

164/C

136/C

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GOVT. OF NCT OF DELHI
(Administration Branch)

No: Dy. Dir. (Admn)/DUSIB/2019/D-736

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Encl: - As above


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Yes	No
-----	----

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--

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**DELHI URBAN SHELTER IMPROVEMENT BOARD
GOVT. OF NCT. OF DELHI**

FORM OF CONFIDENTIAL REPORT OF LEGAL ASSISTANT

Office of the _____

Report for the year / period ending _____

A Particulars :

- 1 Name of the Officer
- 2 Father's Name
- 3 Present Residential
Address
- 4 Date of Birth
- 4 Educational qualifications
- 5 Present Grade
- 6 Date of continuous appoint-
ment to the present grade
- 7 Whether permanent, quasi –
permanent / temporary

ASSESSMENT BY THE REPORTING OFFICER

- B Administrative :** (Remarks to be recorded by the Reporting Officer of
the Administrative Branch and to be reviewed by the
concerned Director).

- 1 Maintenance case of daily diary
of Court cases/other cases entrusted.
- 2 Promptness & Efficiency in disposal
of work and submission of periodical
statements etc.
- 3 Ability to assume responsibility.
- 4 Capacity to handle and follow - up
of Court cases.
- 5 Clarity of expression and skill in
drafting.
- 6 Punctuality in attendance.
- 7 Whether reprimanded for any cause,
if so give brief particulars.

Signature of Reporting Officer
with name & designation

Contd.....2/-

(Remarks of the Reviewing Officer)

The Reviewing Officer should carefully consider and state whether he accepts the assessment recorded by the Reporting Officer in all respects. If he differs from the Reporting Officer in any respect the facts should be clearly stated.)

GRADING :

Outstanding

Very Good

Good

Fair

Poor

Signature of Reviewing Officer
with name & designation

Court / Legal Work : (Remarks to be recorded by the Reporting Officer in
Law Department and reviewed by Chief Legal Adviser.)

- 1 Knowledge of DD Act., Rules & Regulations made thereunder.
- 2 Knowledge of other Acts concerning Day-to-day work.
- 3 Initiative in having up-to-date knowledge of case-law connected with his day-to-day working.
- 4 Ability to checking / drafting of parawise comments in court case and/or drafting of written statement and other Misc. applications in court cases.
- 5 Ability to handle intricate cases.
- 6 Whether responsible for any outstanding work during the period under report if so, what?
- 7 Fitness for promotion to the next higher Grade.
- 8 Assessment of Integrity

Signature of Reporting Officer in Law Deptt. with name & designation

(Remarks of the Reviewing Officer)

The Reviewing Officer should carefully consider and state whether he accepts the assessment recorded by the Reporting Officer in all respects. If he differs from the Reporting Officer in any respect the facts should be clearly stated.)

GRADING :

Outstanding

Very Good

Good

Fair

Poor

Signature of Reviewing Officer
with name & designation

Note:

- 1 The Reporting Officer should, if he is satisfied about the integrity of the employees certify the integrity as follows :

"Certified that nothing has come to my notice which casts and reflection on the integrity of _____. His general reputation reputation is good."
- 2 If he cannot certify the employee's integrity, he should refer for instructions contained in Circular No. 107 / CES / DOI dated 11.11.1965 and act accordingly.
- 3 The substance of an unfavourable report will as a rule be communicated to the official reported on either orally or in writing as may be considered appropriate by the Reviewing Officer and the fact of such communication noted on this report before it is sent for custody. In exceptional cases, if the Reviewing Officer feels that communication of unfavourable remarks will serve no useful purpose and may only discourage the officer reported and he should submit the matter for the orders of the next superior officer.

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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
SERVICES DEPARTMENT (COORDINATION BRANCH)
B-WING, 7TH LEVEL, DELHI SECRETARIAT
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4(1)/2017/Misc/S-IV/Subt Coord/3910

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164/C

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2. Year/Period of Assessment:
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4. Whether representation received from the officer/official reported upon:

Yes	No
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Signature of the forwarding authority
Name & Designation/Seal
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