



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
राजकुमारी अमृत कौर नर्सिंग महाविद्यालय  
लाजपत नगर ४, नजदीक मूलचन्द मेट्रो स्टेशन, नई दिल्ली - ११००२४

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
**RAJKUMARI AMRIT KAUR COLLEGE OF NURSING**  
LAJPAT NAGAR IV, NEAR MOOLCHAND METRO STATION,  
NEW DELHI - 110024.

वार्षिक कार्य निष्पादन रिपोर्ट  
**ANNUAL PERFORMANCE ASSESSMENT REPORT**

FOR

विविध कार्य स्टाफ  
**MUTI TASKING STAFF**

अधिकारी का नाम .....

..... को समाप्त होने वाले वर्ष/अवधि की रिपोर्ट

NAME OF THE OFFICER .....

REPORT FOR THE YEAR/PERIOD ENDING .....

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
RAJKUMARI AMRIT KAUR COLLEGE OF NURSING

प्रपत्र / Form

समाप्ति वर्ष / अवधि का प्रतिवेदन .....  
Report for the year/period ending .....

वैयक्तिक तथ्य / Personal Data

भाग - १ / Part - 1

(प्रशासनिक अनुभाग द्वारा भरा जाएगा / To be filled by the Administrative Section)

|    |   |  |
|----|---|--|
| 1. | अधिकारी का नाम<br>Name of the Officer : .....   |  |
| 2. | जन्म तिथि: दिन/माह/वर्ष ...../...../..... (शब्दों में).....<br>Date of Birth: DD/MM/YYYY .../.../..... (In Words).....  |  |
| 3. | क्या अधिकारी अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग से संबंधित है: अ.जा./अ.ज.जा./अ.पि.व. ....<br>Whether the officer belongs to SC/ST/OBC category: SC/ST/OBC .....   |  |
| 4. | अनुभाग/प्रयोगशाला जहाँ कार्यरत है .....<br>Section/ Laboratories to which attached .....  |  |
| 5. | वर्तमान संवर्ग में निरन्तर नियुक्ति की तिथि:<br>Date of continuous appointment in the:<br>present cadre:  | पद ..... दिनांक .....<br>Designation..... Date .....   |
| 6. | वर्तमान पद तथा उस पद पर नियुक्ति की तारीख<br>Present post and date of appointment<br>thereto  | पद:..... दिनांक .....<br>Designation.....<br>Date..... |
| 7. | वर्ष में कार्य से अनुपस्थिति की अवधि (छुट्टी,<br>प्रशिक्षण आदि पर) यदि उक्त अधिकारी ने प्रशिक्षण<br>लिया है तो उसका विवरण दें।<br>Period of absence from duty (on<br>training, leave etc.) during the year. If<br>he has undergone any training, specify. |  |

PART -2

(SELF APPRAISL)

To be filled in by the Officer reported upon

(Please read the instructions carefully before filling the entries)

Brief description of duties and results of the work done by you during the period from .....

[Large empty rectangular box for writing the description of duties and results]

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

[Empty rectangular box for providing the date of filing the return]

Place .....

Date .....

Signature of the officer reported upon

PART - 3 (ASSESSMENT BY THE REPORTING OFFICE)

Numerical grading to be awarded for each of the attributes by reporting 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%)

|  | Numerical Grading by Reporting Authority | Revised Grades by Reviewing Authority (If does not agree with Col. no. 2) | Initial of Reviewing Authority |
|--|--|---|--------------------------------|
| i) Quality of work   |  |   |                                |
| ii) Does he/she know the machines / store  |  |   |                                |
| iii) Does he/she maintain the machine / store / building properly and regularly                  |  |   |                                |
| iv) Does he/she clean and takes care of charts, visual slides / storage items / premises         |  |   |                                |
| v) Does he/she help and do the work of erection/repair of machines / loading/unloading of stores |  |   |                                |
| Overall Grading on "Work Output" (Total i to v / 5)  |  |   |                                |

(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) | Initial of Reviewing Authority |
|--|---------------------|---|--------------------------------|
| i) Attitude of work  |                     |   |                                |
| ii) Sense of responsibility                                |                     |   |                                |
| iii) Regularity and Punctuality in attendance              |                     |   |                                |
| iv) Maintenance of Discipline                              |                     |   |                                |
| v) Communication skills                                    |                     |   |                                |
| vi) Ability to work in team                                |                     |   |                                |
| vii) Ability to meet deadline                              |                     |   |                                |
| viii) Inter-Personal relations                             |                     |   |                                |
| ix) Clean use of uniform                                   |                     |   |                                |
| Overall Grading on Personal Attributes (Total i to ix / 9) |                     |   |                                |

(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) | Initial of Reviewing Authority |
|---|---------------------|---|--------------------------------|
| 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. Relation 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

4. Integrity  
(Please comment on the integrity on the officer)

|  |  |
|--|--|
|  |  |
|--|--|

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

|  |  |
|--|--|
|  |  |
|--|--|

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

|  |
|--|
|  |
|--|

Signature of the Report Officer

Place .....

Name in Block Letters .....

Date .....

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

1. Length of service under the Reviewing Officer

[Empty box for length of service]

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)). If in case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries.]

[Empty box for assessment of reporting officer]

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

[Empty box for reasons of disagreement]

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

[Empty box for attitude of reporting 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 his attitude towards weaker sections.

[Empty box for pen picture comment]

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

[Empty box for overall numerical grading]

Place : .....

Name in Block Letters: .....

Signature of the Reviewing Officer

Date: .....

Designation : .....

(During the period of Report)

Guidelines regarding filling up of APAR with numerical grading

Guidelines regarding filling up of APAR with numerical grading

- (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 officer 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 scores 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 6 short of 6 will be rated as 'good' and given a score of 5.
- (vi) APARs grade below 4 will be given a score of zero.