



CONFIDENTIAL REPORT FORM
FOR EMPLOYEES IN GRADE 5 TO 16

DEPARTMENT / SECTION _____

ANNUAL CONFIDENTIAL REPORT FOR THE PERIOD
01.01.2018 TO 31.12.2018

1. NAME (IN BLOCK LETTERS) _____
2. DESIGNATION _____
3. ACADEMIC QUALIFICATION (S) _____
4. DATE OF BIRTH _____
5. PLACE OF BIRTH _____
6. TOTAL SERVICE _____
Years Months Days
7. KNOWLEDGE OF LANGUAGE _____
8. SPECIAL TRAINING _____
9. PROVINCE OF DOMICILE _____

POST HELD DURING THE PERIOD

<i>S. No.</i>	<i>POST</i>	<i>PERIOD</i>	<i>PAY & SCALE</i>

❖ *ASSESSMENT BY NEXT HIGHER AUTHORIZED INCHARGE / SUPERVISOR*

The rating should be recorded by initiating the appropriate box. The rating denoted by the alphabets is as follows.

'A-I' Very Good 'A' Good 'B' Just acceptable 'C' Below the mark 'D' Poor

	A-I	A	B	C	D	REMARKS
1. Intelligence and Mental Alertness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Initiative and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. POWER OF EXPRESSION						
A). Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B). Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ability to plan, organize and supervise work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Quality and out-put of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Perseverance and Devotion to duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Capacity to guide and Train sub-ordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. INTEGRITY						
A). Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B). Moral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Personality and Appeal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Performance under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Capacity for team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Interest in Sports / Social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL PEN PICTURE INCLUDING SUGGESTIONS FOR IMPROVEMENT

Dated: _____

Signature of Reporting Officer
Name and Designation

❖ REMARKS OF THE 1ST COUNTER SIGNING (SECOND) HIGHER AUTHORIZED OFFICER

I consider that the assessment made by the reporting officer to be too lenient / reasonably accurate / strict / biased.

The remarks underlined in ink should be communicated in writing.

I have the following remarks to add.

Dated: _____

Signature
Name and Designation

❖ REMARKS OF THE SUBSEQUENT COUNTER-SIGNING OFFICER (IF ANY)

I consider that the assessment made by the reporting officer / Ist counter-signing officer is very lenient / reasonably accurate / strict / based.

The remarks underlined in red ink should be communicated.

I have the following remarks to add.

Dated: _____

Signature
Name and Designation

❖ Official Stamp and date of entry of receipt in register