



# **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES.**

**SHEIKHPURA, PATNA - 800 014 (Bihar, India)**

**Tel.: 0612 - 2297631, 2297099; Fax: 0612 - 2297225; Website: [www.igims.org](http://www.igims.org);**

**E-Mail: [director@igims.org](mailto:director@igims.org)**

## **Annual Performance Assessment Report Form**

**Officers of the Indira Gandhi Institute of Medical Science,  
Sheikhpura, Patna-14**

**Group B**

Name of Officer.....

Report for the year/Period ending.....

Name of the Officer.....

Period.....



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Form

### **Group B**

Report for the year/period ending.....

#### **PERSONAL DATA**

##### **Part- 1**

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

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

Name of the Officer.....

Period.....

Part – 2                    **TO BE FILLED IN BY THE OFFICER REPORTED UPON**  
(Please read carefully the instructions before filling the entries)

1. Brief description of duties.

2. Please specify targets/objectives/goals (for 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).

Targets/Objectives/Goals	Achievements
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Name of the Officer.....

Period.....

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

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- (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 filled 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.

**Signature of officer reported upon**

Dated:.....

Name of the Officer.....

Period.....

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Part – 3

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.

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(Please read carefully the guidelines before filling the entries)

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

	Reporting 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	
<b>Overall Grading on 'Work Output'</b>	

%

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

	Reporting Authority	Review (Refer
i) Attitude of 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 work in time-schedule		
viii) Inter-personal relations		
ix) Overall bearing and personality		

8		
<b>Overall Grading on 'Personal attributes'</b>		

Name of the Officer.....

Period.....

%

**(B) 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) Professional knowledge in the area of function			
ii) Strategic planning ability			
iii) Decision making ability			
iv) Coordination ability			
v) Ability to motivate and develop subordinates			
vi) Initiative			
<b>Overall Grading on 'Functional Competency'</b>			

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.)



Name of the Officer.....

Period.....

3. State of Health

[Empty box for State of Health]

4. Integrity

(Please comment on the integrity of the officer)

[Empty box for Integrity comment]

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

[Empty box for Pen Picture]

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

[Empty box for numerical grading]

Signature of the Reporting Officer

Name in Block Letters: .....

Place: .....

Designation: .....

Date: .....

During the period of Report: .....

Name of the Officer.....

Period.....

**Part – 5**

**REMARKS OF THE REVIEWING OFFICER**

1. Length of services under the Reviewing Officer

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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? (Ref: Part-3 (A) (iv) and Part-4 (5))

(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 initials your entries).

Yes	No
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3. In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

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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 his attitude towards weaker sections.

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Name of the Officer.....

Period.....

- 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**

**Name in Block Letters:** .....

**Designation:** .....

**During the period of Report:** .....

**Place:** .....

**Date:** .....

## **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 short of 6 will be rated as “Good” and given a score of 5.
- (vi) APARs graded below 4 will be given a score of “Zero”.