

Personal Information

(To be filled by the Employee concerned)

Name _____ Father's Name _____ Surname _____

● Date of Birth as recorded in the S.S.C. Certificate/ School Leaving Certificate: _____

● Place of Birth : _____
(Village/Town/Taluka/District/State)

● Home Town : _____
(With Residential Address)

● Permanent Address(Local) : _____

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● Date of joining College Services and : _____
designation at the time of first appointment

● Intermediary positions held between : _____
Initial appointment and present if any, Positions Period From

i)

ii)

iii)

● Mother Tongue : _____

● Language Known : _____

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● Qualifications and Degree/Diploma : _____

College : _____

Year : _____



Confidential Assessment Report regarding ability and character

Name:- _____

Period of Report:- 1st April _____ to 31st March _____

Post held during the period of report: _____

Department/ Office/Section : _____

Performance Assessment

Sr. No.	Item	V. Good A	Good B	Fair C	Average D	Below Average E
A	Technical Adequacy					
	1 Industry					
	2. Application					
	3. Initiative					
	4. Technical Ability					
	5.Level of knowledge (Related to the Section/Department)					
	6.Methodical and systematic working					
	7.Promptness in disposal					
	8.Dependability					
	9.Capacity to get work done					
B	General Impression					
	1. Neatness					
	2. Leadership qualities					
	3. Accuracy					
	4 Punctuality in work					
	5.General impression and grasp					
	6.Regularity in attendance					
	7.Relations with Superiors					
	8.Relations with Colleagues					
	9.Relations with Members of Public					
	10. Special. Complementary aptitude qualities etc. Other than job requirements.					
C	Recommendation					
	1.Administrative ability including judgment, initiative, promptness and drive					
	2.Fitness to continue in the present post					
	3.Fitness for promotion					

	4. Any other item not covered but which you would like to record. Please specify the aspect.					
	5.Recommendation, Observation of the Reporting Officer					

Note: Fill all the fields A, B, C for technical staff and B, C for others

Date:- _____ Signature: _____

Place:- _____ Name and Designation of Reporting Officer/ HOD _____

Please mark ‘ ‘ in appropriate columns to arrive at final assessment.

Observation of Reviewing Office in the Report
(To be filled in by the Reviewing Officer)

1. Length of service under Reviewing officer during the period under report. :
2. Do you agree with the Reporting Officer or do you wish to modify or add to his/her assessment? :
3. Observation of remarks to the employees and clarification from the reporting Officer sought, if any. :
4. Communication of remarks to the employees and clarification from the reporting sought, if any. :

Date:- _____ (Signature _____)

Place:- _____ Name and Designation _____
of Reviewing Officer / _____
Principal _____