



POWER TRANSMISSION CORPORATION OF UTTARAKHAND LTD.

PERFORMANCE APPRAISAL REPORT

(Human Resource & Administrative)

ASSISTANT ENGINEER TO CHIEF ENGINEER

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POWER TRANSMISSION CORPORATION OF UTTARAKHAND LTD.

(A Government of Uttarakhand Enterprise)

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Vidyut Bhawan, Near ISBT Crossing, Saharanpur Road, Majra, Dehradun

POWER TRANSMISSION CORPORATION OF UTTARAKHAND LTD.

PERFORMANCE APPRAISAL REPORT

(Assistant Engineer to Chief Engineer)

For the Year/Period - From to

Each and every section of this form should be filled in by the concerned officer

Section I - Basic information

Personal Data of the officer reported upon

<p>1. Name of the Officer reported upon: _____</p> <p>2. Employee Number: _____</p> <p>3. Date of Birth: _____</p> <p>4. Brief Academic & Professional Qualifications : _____</p> <p>5. (a) Name of the Post held: _____</p> <p>(b) Grade of Post held: _____</p> <p>(c) Date of Continuous Appointment in this Post: _____</p> <p>(d) Present Pay and Scale of Pay: _____</p> <p>(e) Date of continuous Appointment in the same enterprise: _____</p> <p>6. (a) Date of First Public Enterprise Appointment: _____</p> <p>(b) Scale of Pay of the Post on First Appointment: _____</p>

7. Reporting, Reviewing and Accepting Authorities during the year

	Name & Designation	Period worked	
		from	to
Reporting Authority			
Reviewing Authority			
Accepting Authority			

8. Period of absence on leave, etc. during the year

	Period	Type	Remarks
On Leave other than Casual Leave			
Others (specify)			

9. Qualification acquired and Training programmes attended during the year:**(a) Details of Qualification acquired during the year**

S. No.	Details of Qualification	Institution from which studied	Details of subjects studied and the marks obtained

(b) Details of Training programme attended during the year

From	To	Institute	Subject

10. Awards/Honours received during the year

11. Date of filing the property return in the prescribed format for the year ending 31st December, _____.

**Signature:
Name & Designation of the concerting officer**

Date:

SECTION II – SELF-APPRAISAL OF THE OFFICER REPORTED UPON

- 1. Brief description of responsibilities:**
(Objectives of the position you hold and the responsibilities you are required to discharge, in about 100 words)

2. During the period under report, do you believe that you have made any exceptional contribution, e.g. successful completion of an extraordinarily challenging task or major systemic improvement (resulting in significant benefits to the Company and/or education in time and costs)? If so, please give a verbal description (within 100 words):

3. What are the constraints that hindered your performance?

4. Please indicate specific areas of training that will add value to you:

For the current assignment:
For your future career:

5. Declaration

Have you filed your immovable property return in the prescribed format as due? If yes, please mention the date.	Yes/No	
Have you set the annual work plan for all officers for the current year, in respect of whom you are the Reporting Authority?	Yes/No	

Date:

Signature of the officer reported upon

SECTION III - APPRAISAL OF THE REPORTING AUTHORITY

(Please read the relevant instructions attached to this form before filling up this section)

- 1. Please state whether you agree with the responses relating to the accomplishments of the work plan as filled out in Section II. If not, please furnish factual details.**

- 2. Please comment on the claim (if any) made by the officer reported upon about his exceptional contribution.**

3. Has the officer reported upon met with any significant shortfall in achieving the targets? If yes, please furnish factual details.

4. Do you agree with the constraints mentioned by the officer reported upon that had hindered his performance and, if so, to what extent?

5. Do you agree with the competency up-gradation needs as identified by the officer?

Table-A (Marks-70)**6. Review of Annual Work Plan for the Financial Year.....**

S. No.	Performance Indicator	Weightage Marks	Target Planned	Target Achieved	Maximum Allotted Marks	Marks by Reporting Officer	Marks by Reviewing officer	Marks by Accepting Authority
1	Establishment matters Officers and Employees	5	Within 5 days					
2	Time Scale/ACP of Employees/ Promotion	5	Within One month from due date					
3	Training for Employees	5	Minimum 30% of the working strength					
4	Updation Employee records, such as Leave, PIS, service Book entry etc	5	Within 10 days					
5	Disciplinary matters (Charge Sheet, Preliminary Enquiry, Formation of Enquiry Committee etc.)	10	Within prescribed time					
6	Legal Matter & Court Cases	10	Within prescribed time					
7	Industrial Relation Matters (IR Matters)	5	Timely Action as per requirement					
8	Implementation of Employee welfare Scheme i.e. Medical Facilities, Maternity and Childcare Leave facilities, Canteen facilities, Regular Medical Check up etc.	5	As per norms					
9	Employees Recruitment as per Staff Structure	5	Timely action as per direction/ decision					
10	Policy Matters	5	As directed					
11	Disposal of RTI matters	5	Within prescribed time					
12	Preparation of information's sought by Hon'ble UERC	5	Timely disposal as per direction					
	Total Marks	70						

Signatures along with Date & Stamp:-

Appraisee

Reporting Officer

Reviewing Officer

Accepting Authority

Assessment of General Attributes**Table-B (Marks-30)**

Si. No.	Performance Indicator	Weightage Marks	Target Planned	Target Achieved	Maximum Allotted Marks	Marks by Reporting Officer	Marks by Reviewing officer	Marks by Accepting Authority
1	Office punctuality	4						
2	Behaviour and attitude	3						
3	Ownership and belongingness	3						
4	Training/knowledge upgradation	4						
5	Team building capabilities	3						
6	Co-ordination with others	3						
7	Awareness of rules & regulations	3						
8	Documentation	4						
9	Quality and commitment	3						
	Total Marks	30						

(*) Marks can be given upto two decimal.

7. **Integrity** (Please comment on the integrity of the officer reported upon by choosing any one of the following options):

i)	Beyond doubt	
ii)	Integrity of the officer is doubtful. A separate secret note is attached.	
iii)	Nothing adverse has been received about the officer	

8. **Pen picture by Reporting Officer.** Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and those which need improvements.

9. **Overall grade (Bad, Good, Very Good, Outstanding)**

Signature of Reporting Officer
Name & Designation of the Reporting Officer

Date:

SECTION IV – REVIEW BY THE REVIEWING AUTHORITY

(Please read the relevant instructions attached to this form before filling up this section)

1. **Do you agree with the assessment made by the Reporting officer with respect to discharge of responsibilities and various attributes of the officer reported upon?** (In case you agree with the assessments made by the Reporting Authority, please make a note to that effect. If you do not agree with the assessments made by the Reporting Authority, please record your assessments in the space provided for you).

Yes/No

2. **Do you agree with the assessment of the Reporting officer in respect of extraordinary achievements and/or significant shortfalls of the officer reported upon?**

Yes / No

3. **In case of difference of opinion, details and reasons for the same may be given.**

4. **Comments, if any, on the pen picture written by the Reporting Authority.**

5. **Overall grade (Bad, Good, Very Good, Outstanding)**

**Signature of Reviewing Authority
Name & Designation of the Reviewing Authority**

Date:

SECTION V – ACCEPTANCE BY THE ACCEPTING AUTHORITY

(Please read the relevant instructions attached to this form before filling up this section)

1. Is the overall grade given by the Reporting/Reviewing Authority is consistent with the pen picture given by them?

Yes/No

2. Do you agree with the remarks of the Reporting /Reviewing Authorities?

Yes/No

3. In case of difference of opinion, details thereof and reasons for the same may be given.

4. Overall grade (Bad, Good, Very Good, Outstanding)

**Signature of Accepting Authority
Name & Designation of the Accepting Authority**

Date: