

CENTRAL AGRICULTURAL UNIVERSITY, IMPHAL

**ASSESSMENT FORM FOR THE TECHNICAL PERSONNEL
(CATEGORY- I: T-1 & T-2)
(Format adopted from ICAR, New Delhi)**

Name of the Office.....

**PART: I
General Information**

(To be filled in by the Concerned Estt. Section of College/KVK/CAU Hqtrs./Office)

1. Reported period :
2. Name in capital letters :
3. Date of birth/age :
4. Designation :
5. Present grade/PML and scale of pay :
6. Date of entry into the CAU's service :
7. Date of continuous appointment to the present grade/PML :
8. Period of absence from duty on leave, training, health etc. during the period under report :
9. Academic/ Professional qualifications (underline any publications obtained during the period under report) :

PART II

(To be filled in by the Reviewee)

Please furnish the following information:

1. Educational career:

Degree/Diploma/Certificate	Year	University/Board/Institute	Class/Grade
(i)			
(ii)			
(iii)			
(iv)			
(v)			

2. Additional qualifications/training acquired during the period under review:

3. Employment record of last five/ten years ending on
Starting with your present post, list in **reverse order** every employment you have had:

Name of employing organization	Designation	Salary/Scale of pay	Date of joining	Date of leaving

Signature of Reviewee

Name

Designation

Date:

PART III

(To be filled in by the Reviewer: Head of the Dept./ Section Head)

1. Is the information provided by the reviewee correct to the best of your knowledge?
2. Please give a resume of the work done by the reviewee during the last five/ten years ending on in relation to tasks assigned to him/her.
3. Please comment on Reviewee's:
 - (a) Amenability to discipline:
 - (b) Punctuality:
 - (c) Integrity:

4. Recommendation of the Reviewer:

Signature

Name
(In Block letters)

Designation

Date:

PART IV

Remarks of the Dean/Head of Division (if he/she is not the reviewer)

Signature of Reviewer

Name
(In Block letters)

Designation

Date:

PART V

Recommendations of the DI/DR/DEE/Registrar, CAU, Imphal

Signature

Name
(In Block letters)

Designation

Date