

CENTRAL AGRICULTURAL UNIVERSITY, IMPHAL

**ANNUAL PERFORMANCE APPRAISAL REPORT (APAR)
FOR MULTI-TASKING STAFF (MTS)**

Name of Office/ College: _____

Report for the Calendar Year: 1st January to 31st December, _____

PART- I

PERSONAL DATA

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

1. Name of the Officer (in :
CAPITAL letters)

2. Date of Birth (DD/MM/YYYY) :

(In words)

3. Whether the officer belongs to :
SC/ST?

4. Scale of Pay :

5. Present post and date of :
appointment thereto

6. Date of continuous appointment Date: Grade/PML:
in the present grade/PML

7. Period of absence from duty on :
leave, training, etc. during the
year

6. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e., 31st January of the year following the calendar year. If not, the date of filing the return should be given.

7. Please attach Annual Health Checkup Report of the University's M. O. for the assessment year.

Dated:

Signature of officer reported upon

Place:

PART- II

ASSESSMENT BY THE REPORTING OFFICER

8. Observation on:

i)	Intelligence, keenness & industry	:	
ii)	Accuracy and speed in work output	:	
iii)	Knowledge of procedure and regulations	:	
iv)	Readiness to accept responsibility	:	
v)	Amenability to discipline	:	
vi)	Integrity	:	
vii)	Punctuality in attendance	:	
viii)	Relations with fellow workers	:	
ix)	Behaviour towards the public	:	
x)	Any other observations on points of special significance (to be specified) in relations to the work on which employed.	:	

- a)
- b)
- c)

9. Level of fitness for promotion to the next higher grade:

10. General assessment of personality, character and temperament:

11. Overall grading: Outstanding/Very Good/Good/Fair/Poor

Date: **Signature of the Reporting Officer**

Place: Name in Block Letters:

Designation:

During the period of Report:

PART- III
REMARKS OF THE REVIEWING OFFICER

(In recording his/her remarks, the **Reviewing officer** should carefully consider and state, whether he/she accepts the assessments recorded by the Reporting Officer. If he/she differs from the Reporting Officer in any respect, the fact should be clearly stated.)

In addition, the **Reviewing Officer** must give his/her overall assessment indicating whether in his/her opinion, the officer should be graded as Outstanding/Very Good/Good/Fair/Poor.

Date:

Signature of the Reviewing Officer

Place:

Name in Block Letters:

Designation:

During the period of Report:

Notes: Where an adverse entry is made, whether it relates to an irremediable defect, it should be communicated, but while doing so, the substance to the entire report, including what may have been in praise of the officer reported upon should be communicated in writing.

Time Schedule for Preparation/Recording/Completion

Annual Performance Appraisal Report (APAR) (Other than Teachers of HQ/ Colleges/ KVKs/ AICRPs/ MTTCs/ VTCs of CAU, Imphal)

Reporting Year – Calendar Year (1st January to 31st December, _____)

S. No.	Activity	Date by which to be completed
1.	Distribution of blank APAR forms to all concerned (i.e., to officer to be reported upon where self-appraisal has to be given and to Reporting Officers where self-appraisal is not to be given) after completion of Part-I by the concerned office/section, if applicable.	31 st December (This may be completed even a week earlier.)
2.	Submission of self-appraisal to Reporting Officer by officer to be reported upon (where applicable).	15 th January
3.	Forwarding of report by Reporting Officer to Reviewing Officer.	31 st March
4.	Forwarding of report by Reviewing Officer to Administration or APAR Section/Cell or Accepting Authority, wherever provided.	30 th April
5.	Appraisal by Accepting Authority, wherever provided.	31 st May
6.	(a) Disclosure to the officer reported upon where there is no Accepting Authority. (b) Disclosure to the officer reported upon where there is Accepting Authority.	1 st June 15 th June
7.	Receipt of representation, if any, on APAR.	15 days from the date of receipt of communication
8.	Forwarding of representations to the Competent Authority: (a) Where there is no Accepting Authority for APAR (b) Where there is Accepting Authority for APAR.	21 st June 6 th July
9.	Disposal of representation by the Competent Authority.	Within one month from the date of receipt of representation
10.	Communication of the decision of the Competent Authority on the representation by the APAR Cell/Section.	15 th August
11.	End of entire APAR process, after which the APAR will be finally taken on record.	31 st August