

**Annual Performance Assessment Report  
(APAR)**

**For**

**Nagaland Govt. Servants  
(Group C Employees)**

For the year/period.....

**FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR  
GROUP C EMPLOYEES**

Annual Performance Assessment Report from \_\_\_\_\_ to \_\_\_\_\_

**SECTION - I**

**Basic Information**

(To be filled in by the Employee)

1. Name of the Employee	
2. Service/Department	
3. Date of Birth	
4. Date of entry into Government Service	
5. Grade/Post (During the period of report)	
6. Date of appointment to the present post	

**7. Reporting, Reviewing & Accepting Authorities:**

Authority	Name & designation	Period Worked	
		From	To
Reporting Authority			
Reviewing Authority			
Accepting Authority			

**8. Period of Absence:**

	From	To	Type	Remarks
On Leave				
Others				

**9. Training Program(s) Attended:**

Date (from)	Date (to)	Institute	Subject

**10. Awards/Honours:**

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**Date:**

**Signature on behalf of  
Administrative Head of Department/Head of  
Department/Head of Office (with seal)**

## SECTION – II (Self Assessment)

**1. Brief description of duties:**

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**2. Describe your achievements during the period under report, giving details of specific targets set for you, if any, and targets achieved.**

Targets/Objectives/Goals	Achievements

**3. During the period under report, do you believe that you have made any exceptional contributions e.g. in successful completion of an extraordinarily challenging task or major systematic improvement (resulting in significant benefits to the public and/or reduction in time and costs)? Be specific, concise and give details in a point wise manner, quantifying your achievements wherever possible.**

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**4. What are the reasons for not achieving specific targets, if any? Give details of factors that hindered your performance?**

**5. Please indicate specific areas in which you feel the need to upgrade your skills through training programs.**

**For the current assignment:**

**For your future career:**

**6. Please specify the number of tours/inspections performed by you during the period under report (applicable only in the case of field officers):**

No. and brief description of inspections or tours expected to be performed during the year. Please indicate if any specific target was fixed.	No. and brief description of inspections or tours actually performed with reasons for shortfall, if any.

**7. Date of submission of self assessment to Reporting Authority:**

**Place:**

**Signature of the officer reported upon**

**SECTION - III (Assessment by Reporting Authority)**

**1. Please state whether you agree with the self assessment made by the employee, especially with regard to achievements made during the year.**

**2. Please comment on the claim (if made) of exceptional contribution by the employee.**

**3. Has the employee met with any significant failures in respect of his/her work or reprimanded for indifferent work or for other causes during the period under report? If yes, please furnish factual details.**

**4. Do you agree with the skill up gradation needs as identified by the employee?**

## 5. State of Health

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## 6. Integrity

(In general the remarks against the integrity column shall be made by the Reporting Authority in one of the following three options: (a) Beyond doubt. (b) Since the integrity of the employee is doubtful, a secret note is attached. (c) Not watched the employee's work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the officer)

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## 7. Assessment

(This assessment should rate the employee vis-à-vis his/her peers and not the general population. The reporting officer will assess the employee by assigning grades on a scale of **1 to 10**, with **1** referring to the lowest grade and **10** to the best grade)

### (a) Assessment of work output:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Accomplishment of planned work/work allotted as per subjects allotted.			
2.	Quality of output			
3.	Analytical ability			
4.	Accomplishment of exceptional work/ unforeseen tasks performed			
	<b>Total (a)</b>			

### (b) Assessment of Personal Attributes:

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Attitude to work , sense of responsibility & maintenance of discipline			
2.	Leadership qualities, capacity to work in team spirit and capacity to work in time limit			
3.	Communication skills and Inter-personal relations			
	<b>Total (b)</b>			

**c) Assessment of functional competency:**

Sl. No.	Description	Reporting Authority	Reviewing Authority	Initials of Reviewing Authority
1.	Knowledge of rules/regulations/procedures/IT Skills in the area of function and ability to apply them correctly			
2.	Strategic planning ability & decision making ability & Initiative			
3.	Co-ordination ability & ability to motivate and develop subordinates			
	<b>Total (c)</b>			

**4. Pen picture of the employee. Please comment on the overall qualities and competence of the employee.**

**5. Overall Grade (on a scale of 1-10)**

Total (a) + Total (b) + Total (c) ----- 10	
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**Date:**

**Signature of the Reporting Authority  
(with seal)**

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_  
**(During the period of report)**

Date of receipt of APAR from the employee	
Date of submission of APAR to the Reviewing Authority	

**SECTION – IV (Assessment by the Reviewing Authority)**

1. Do you agree with the assessment made by the reporting authority with respect to the work output and the various attributes in Section III & IV? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and /or significant failures of the employee ? *(In case you do not agree with any of the numerical assessment of attributes please record your assessment in the column provided for you in that section and initial):*

Yes	No
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2. In case of difference of opinion, details and reasons for the same may be given:

3. Please comment on the overall qualities of the employee including areas of strengths and lesser strengths and his/her attitude towards working the weaker sections (Not exceeding 100 words):

4. Overall grade on a scale of 1 to 10:

Date:

**Signature of Reviewing Authority  
(with seal)**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_  
(During the period of report)

Date of receipt of APAR from the Reporting Authority	
Date of submission of APAR to the Accepting Authority	



**SECTION – V (Assessment by the Accepting Authority)**

**1. Do you agree with the remarks of the reporting/reviewing authorities?**

Yes	No
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**2. In case of difference of opinion, details and reasons for the same may be given.**

**3. Overall grade on a scale of 1 to 10:**

**Date:**

**Signature of Accepting Authority  
(with seal)**

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_  
**(During the period of report)**

## **Guidelines for filling up of Annual Performance Assessment Report with numerical grading**

1. Numerical grading are to be awarded by Reporting and Reviewing Authorities for the quality of work output, personal attributes and functional competence of the employee. These should be on a scale of 1- 10, where 1 refers to the lowest grade and 10 to the highest.
2. The columns in the APAR should be filled with due care and attention and after devoting adequate time.
3. **It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified while commenting on the overall qualities of officer 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 and 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and the reviewing authorities should rate the employee against a larger population of his/her peers that may be currently working under them.**
4. APARs graded between 8 and 10 will be rated as '**Outstanding**'.
5. APARs graded between 6 and short of 8 will be rated as '**Very Good**'.
6. APARs graded between 4 and 6 short of 6 will be rated as '**Good**'.
7. APARs graded below 4 will be rated as '**Fair/Poor**'.
8. The Columns provided in Section-III for the Reviewing Authority for recording his/her assessment is not mandatory. **In case the Reviewing Authority does not agree with any of the numerical assessment of attributes given by the Reporting Authority, only then assessment of the Reviewing Authority may be recorded in the Columns provided in that Section along with initial.**
9. There should be more openness in the system of assessment. The APAR, including the overall grade and integrity, has to be communicated to the officer reported upon after it has been finalized by the cadre controlling authority/custodian of APARs.

## Time schedule for preparation and completion of APAR

Activity	Date by which to be completed
Distribution of blank APAR forms to all concerned (i.e to the employee) by the custodian	1 <sup>st</sup> April (this may be completed even a week earlier)
Submission of self appraisal to the Reporting Authority by the employee.	30 <sup>th</sup> April
Submission of appraisal to the Reviewing Authority by the Reporting Authority.	31 <sup>st</sup> May
Submission of appraisal to the Accepting Authority by the Reviewing Authority.	30 <sup>th</sup> June
Submission of the completed APAR to the Custodian by the Accepting Authority.	31 <sup>st</sup> July
Disclosure to the employee by the Custodian.	31 <sup>st</sup> August
Receipt of comments/representation of the employee, if any.	30 days from the date of receipt of communication or 30 <sup>th</sup> September whichever is earlier
Forwarding of representation to the competent authority by the Custodian	15 days from the date of receipt of representation or 15 <sup>th</sup> October whichever is earlier.
Disposal of representation by the competent authority	Within one month from the date of receipt of representation from the custodian or 15 <sup>th</sup> November whichever is earlier
Communication of the decision of the competent authority on the representation to the employee by the Custodian.	30 <sup>th</sup> November
End of the entire APAR process, after which the APAR will be finally taken on record.	15 <sup>th</sup> December

