

A-28014/1/2023-ESTT-IX

भारत सरकार/ Government of India

केन्द्रीय जल आयोग /Central Water Commission

स्थापना- IX अनुभाग/Estt-IX Section

तृतीय तल ,सेवा भवन/3rd Floor, Sewa Bhawan,
आर के पुरम, नई दिल्ली /R.K.Puram, New Delhi - 110066.

दिनांक /Date : 18-3-2024

CIRCULAR

Subject : APAR generation for the Assessment year 2023-24- regarding

All officers of CSCS, CSS and CSSS cadre working in CWC are requested to submit duly filled proforma (enclosed) to the undersigned for generating APAR for the Assessment year 2023-24 latest by 20-3-2024 so that timely generation of workflow can be done till 31st March 2024 as per DoPT guidelines.

Encl : As above.

Digitally Signed by Gomathy Jayaraman

Date: 18-03-2024 09:30:26

Reason: Approved

Gomathy Jayaraman)

Under Secretary &

Nodal Officer (Sparrow)

Details to be provided by the Officers to PAR Custodian/PAR Manager in Admn-II Section for PAR generation for the year 2022-23 (along with the relevant documents such as transfer/posting, retirement etc. order, if any)

Name of Officer _____ Date of Birth
 Designation _____ Service _____
 Employee Code Basic Pay
 Date of Joining the Designation

Reporting Authority	Reviewing Authority
Name _____	Name _____
Period from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Period from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Designation _____	Designation _____
Service _____	Service _____
Employee Code <input type="text"/>	Employee Code <input type="text"/>
(Mention staff No. if ITS/IRRS/IP&TAFS Officer)	(Mention Staff No. if ITS/IRRS/IP&TAFS Officer)
e-mail <input type="text"/>	e-mail <input type="text"/>

Leaves (EL/CCL/COML/Study Leave/ Training) taken during the year 2022-23

Type of Leave/Training details:

_____ From _____ to _____ = _____ Days
 _____ From _____ to _____ = _____ Days
 _____ From _____ to _____ = _____ Days
 _____ From _____ to _____ = _____ Days

Self-Certification: - Certified that the information provided above is true and correct to the best of my knowledge.

Mobile No:

Signature with date

e-mail:

For OFFICE (Concerned Admn Section) Use only – For CSSS Admn.II

The Information provided by the officer/official is verified as per available records.

Signature of the verifying authority

*Please submit details for each part of reporting in separate form (Normal Period is 01.04.2022 to 31.03.2023)

*Forms received without verification from Concerned Admn Section will not be accepted.