

GOVERNMENT OF INDIA
CENTRAL WATER COMMISSION
HEAD QUARTER, NEW DELHI

Form of Annual Performance Assessment Report of Staff Car Drivers/Despatch Riders

Report for the Year/Period Ending

PART - 1 PERSONAL DATA

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

1.	Name in Full	:	
2.	Date of Birth	:	
3.	Designation	:	
4.	Date of Appointment	:	
5.	Office to which attached during the period of report	:	
6.	Educational and Technical Qualifications	:	
7.	Period of absence from duty on leave	:	

ASSESSMENT BY THE REPORTING OFFICER

(Please read carefully the instructions given at the end of the form before filling the entries)

entries)

(This assessment should rate on a scale of 1-10 in whole numbers, with 1 referring to the lowest grade and 10 to the best grade).

		Reporting Officer	Controlling Officer **	Initial of Controlling Officer
1.	Expertise			
2.	Quality of performance			
3.	Upkeep of Records/ Log book etc.			
4.	Reliability			
5.	Regularity and Punctuality			
6.	Behavior and amenability to discipline			
7.	Relations with superiors and fellow employees			
	Overall grading			

* (In case you do not agree with any of the numerical assessments please record your assessment in the column provided for you and initial your entries.)

2. Has he been reprimanded for indifferent work or for other causes during the period under report. If so, please give particulars:

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3. Pen Picture by Reporting Officer. Please comment (in about 100 words) on the overall qualities.

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4. Overall Grading (on a scale of 1-10):

Signature of the Reporting Officer

Place:

Name in Block letters _____

Date :

Designation: _____

Remarks of the Controlling Officer

Signature of the Controlling Officer

Name in Block letters _____

Designation: _____

Date: _____