

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/Dated : 04-03-2025

परिपत्र /CIRCULAR

Subject : APAR Generation for the Assessment year 2024-25- reg.

All Officials/Officers of CSCS/ CSSS and CSS cadre working in CWC are requested to submit duly filled proforma (enclosed) to Estt. IX Section for generating APAR for the Assessment year 2024-25 latest by 17-03-2025 so that timely generation of workflow can be done till 31st March 2025 as per DoPT guidelines.

Encl : As above.

**Signed by Gomathy
Jayaraman**

Date: 05-03-2025 11:21:25

Reason: Approved

(गोमती जयारमन /Gomathy Jayaraman)

**अवर सचिव /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.