

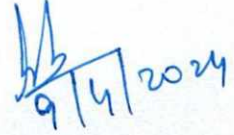
File No.M-75075/235/2020-ESTT-XI
Government of India
Ministry of Jal Shakti
Department of Water Resources, RD & GR
Central Water Commission
(Estt.-XI Section)

7th Floor(N), Sewa Bhawan
R.K.Puram, New Delhi-110066
Dated: 09-04-2024

CIRCULAR

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

All the officers/officials of ISS and SSS cadre working in CWC Hqrs are requested to submit duly filled proforma (enclosed) to the undersigned for generating APAR for the Assessment year 2023-24 latest by tomorrow i.e. 10.04.2024 (A/N) so that timely generation of workflow can be done as per guidelines.


9/4/2024

(Gomathy Jayaraman)
Under Secretary & Nodal Officer (Sparrow)

To,

All concerned officers/ officials (through website)

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"/>	Period from <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 2023-24

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

01.04.2023 to 31.03.2024

*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.