

**PAR (Performance Appraisal Report) of MANIPUR STATE POWER COMPANY LIMITED**

(FORM FOR JUNIOR ESTABLISHMENT ASSISTANT)

Department / Office: .....

Report for the year / period ending.....

PART- I (Personal DATA)

1. Name of Official :-
2. Date of birth :-
3. Date of continuous appointment to the present Grade, viz :
4. Whether permanent, Quasi-permanent, Temporary :
5. Section(s) in which served during the year under report and period of service in each :
6. Period of absence from duty on leave, training etc during the year :

PART- II (A brief statement of work handled by the Official during the year period under report)

(To be filled by the Reporting Officer)

PART- III (Assessment by the Reporting Officer)

7. State of Health:
8. General Intelligence and Keeness to learn.  
Assessment under Column 9 to 10 should not be indicated by tick marking but should express clearly in suitable words.
9. Proficiency in typing:
  - a) Excellent
  - b) Very Good
  - c) Good
  - d) Average
  - e) Poor

Note: Proficiency should be assessed in respect of both speed and accuracy

10. Proficiency in his work viz, maintenance of prescribed Registers and charts
  - a) Excellent
  - b) Very Good
  - c) Good
  - d) Average
  - e) Poor
11. Industry and Keeness:
  - a) Puts in hard work and is keen to do his/her job thoroughly
  - b) Is indifferent and required promotion and constant supervision to ensure completion of his/her work
12. Has he/she ever been entrusted with work other than routine? If so, indicate his/her capacity to express himself/herself with clarity and comprehension in his/her notes/drafts
13. Amenability of discipline :
14. Punctuality in attendance :
15. Relations with fellow employee:
16. Integrity:
17. Has the Official been reprimanded for in-different work or for other causes during the period under report. If so please give brief particulars :
18. Has the official done any outstanding or notable work meriting commendation. Briefly mention them :

Signature of Reporting Officer

Name in Block letters :

Designation :

Date :

PART- IV (Remarks by the Reviewing Officer)

19. Length of service under reviewing Officer:
20. Do you agree with the remarks of the Reporting Officer? If not, indicate the extent of your disagreement. If you wish to add anything specific with regards to over and above the remarks of the Reporting Officer, please mention them. You may also sum up your views.
21. (a) Fitness for promotion :
- i) Fit
  - ii) Not yet fit
- (b) Has the official any special characteristics and or any outstanding Merits or abilities which would justify his/her advancement and special Selection for higher appointment out of turn. If so, mention these Characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Officer

Name in Block letters:

Designation:

Date:

PART –V (Countersignature by the next higher authority with remarks, if any)

Signature of the Accepting Officer

Name in Block letters:

Designation:

Date: