

CONFIDENTIAL REPORT

(ANNUAL APPRAISAL FORM FOR NON-EXECUTIVE EMPLOYEES, SECL)

Name of the Area/Sub Area/Unit.....

(TICK OUT(✓) WHEREVER APPLICABLE)

For the Year.....

1	Name of the Employee	Title (Tick) ✓ Mrs./Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> First Name <input style="width: 100%;" type="text"/> Middle Name <input style="width: 100%;" type="text"/> Last Name <input style="width: 100%;" type="text"/>
2	Father's Name	<input style="width: 100%;" type="text"/>
3	NEIS NO	<input style="width: 100%;" type="text"/>
4	Date of Appointment	D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5	Adhaar Card no./Pan Card no. if any	<input style="width: 100%;" type="text"/>
6	a) Designation	<input style="width: 100%;" type="text"/>
	b) Grade/Category	<input style="width: 100%;" type="text"/>
	c) Nature of assignments	<input style="width: 100%;" type="text"/>
7	Educational/Technical Qualification	1. <input style="width: 100%;" type="text"/>
		2. <input style="width: 100%;" type="text"/>
		3. <input style="width: 100%;" type="text"/>
8	In case of Statutory post(Validity of Certificate up to)	D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
9	Reporting Period	Period fromto..... D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10	Date of coming to the present post.	D D M M Y Y Y Y <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
(ASSESSMENT BY THE REPORTING OFFICER)		
11	Professional/Technical/General Knowledge and application	<input style="width: 100%;" type="text"/>
12	a) Capacity to express & explain	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
	b) Discipline and leadership	Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
13	Cost consciousness	Yes <input type="checkbox"/> No <input type="checkbox"/>

14	Punctuality in attendance	Punctual <input type="checkbox"/>	Irregular <input type="checkbox"/>	
15	Maintenance of Official records & Secrecy	Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Poor <input type="checkbox"/>
16	Accuracy & Speed of discharging duties	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
17	Has he/she met with any accident while handling company machines and equipment if so, please give details briefly.			
18	Does he/she keep his/her machines and equipment in good order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19	Has he/she been warned for any failure in the past	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20	Relations with colleagues and fellow employees	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
21	Has any disciplinary action initiated/pending against him/her during the period.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
22	Does his/her health interfere with his work			
23	General remark if any			

Overall Grading (Tick (✓) in the appropriate box)

Outstanding Very good Good Average Poor

Signature of reporting Officer

Name of the Reporting Officer.....

Designation.....

Date:.....

UNIT/AREA.....

Remarks of the Reviewing Authorities

Outstanding Very good Good Average Poor

Signature of Reviewing Officer

Name of the Reviewing Officer.....

Date:.....

Designation.....

UNIT/AREA.....

DEPARTMENTAL CLEARANCE CERTIFICATE TO BE GIVEN BY (HOD PERSONNEL)

UNIT/SUB-AREA/AREA

(fill up wherever applicable)

1. This is to certify that no departmental enquiry has been initiated against the above employee as on.....
2. As per records Disciplinary case is pending against the above employee as onon the grounds of.....

Signature of Personnel (HOD)/UNIT/Sub-Area/Area

Name of the Executive:-.....

Date:-.....

Designation:-.....

Counter signed by Area Personnel Manager with seal.....

Area.....