

CONFIDENTIAL Form No. 6 (See Rule 12)

CONFIDENTIAL ASSESSMENT AND SELF ASSESSMENT REPORT OF NON-TEACHING EMPLOYEES

Serial No. : Year ending :

Name :

Department or Office including Section :

PERSONAL INFORMATION

NAME : _____ FATHER'S NAME : _____ SURNAME : _____

Date of Birth as recorded in the service book/ :

S.S.C.Cert./School Leaving Certificate.

Place of Birth :

Village	Town	Taluka	District	State.
---------	------	--------	----------	--------

Nationality and Religion :

Whether belongs to SC/ST/DT/NT/OBC/SBC :

Home Town (with residential address) :

Permanent Address (Local) :

Date of Joining College service and designation :

At the time of first appointment. :

Intermediary positions held between initial :

Appointment

Mother Tongue :

Language known :

Qualification and Degree :

University :

Year :

....1....

CONFIDENTIAL ASSESSMENT REPORT REGARDING ABILITY AND CHARACTER

Name : _____
 Period of report : _____
 Post of post held during the period of report : _____
 Department/Office/Section : _____
 Leave taken during the period E.L./C.L./ : ___ CL, ___ EL
 M.L./ Maternity Leave/Other leave : _____

PERFORMANCE ASSESSMENT

Sr. No.	ITEM	Very GOOD	GOOD	FAIR	AVERAGE	BLOW AVERAGE
		A	B	C	D	E
1	Technical adequacy					
2	Industry					
3	Application					
4	Initiative					
5	Accuracy					
6	Punctuality in work					
7	Methodical and systematic working					
8	Promptness in disposal					
9	Regularity in attendance					
10	Relations with superiors					
11	Relations with Colleagues					
12	Relations with members of public					
13	Dependability					
14	Capacity to get work done					
II	<u>GENERAL IMPRESSION</u>					
1	General impression and grasp					
2	Leadership qualities					
3	Level of knowledge (related to the Section/Department)					
4	Spl. Complementary aptitude qualities etc. other than job requirements.					
III	<u>RECOMMENDATION</u>					
a	Administrative ability including judgment, initiative, promptness & drive					
b	fitness to continue in the present					
c	Fitness for promotion					
d	Any other item not covered but which you would like to record. please					
e	Specify the aspect.					
	Recommendation observation of the reporting Officer.					

Date : _____
 Place : Bhiwandi

OBSERVATION OF REBIEWING OFFICER IN THE REPORT

(To be filled in by the reviewing Officer)

1	Length of service under reviewing Officer during the period under report.	----
2	Do you agree with Reporting Officer or do you wish to modify or add to his assessment?	----
3	Observation of remarks to the employees and clarification from the reporting Officer sought, if any.	----
4	Communication of remarks to the employees and clarification from the Reporting Officer sought, if any	---

Date :

Place : Bhiwandi

(_____)