



Fin. Year:-.....

**ANNUAL CONFIDENTIAL REPORT OF Non-Teaching Employee**

of \_\_\_\_\_ College/University \_\_\_\_\_

REPORT FOR THE PERIOD FROM .....TO.....

**PART-I**

(Personal Data)

*(To be filled by the administrative section of the College/University)*

1. Name of Officer/Employee \_\_\_\_\_  
(In Block Letters)
2. Father/Husband's Name \_\_\_\_\_
3. Date of Birth 

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4. Date of initial appointment: \_\_\_\_\_
5. Date of Joining: \_\_\_\_\_
6. Pay Scale & Level: \_\_\_\_\_
7. Present Designation/Post Held: \_\_\_\_\_
8. Whether Confirmed or on Probation: \_\_\_\_\_
09. Period of absence from duty on \_\_\_\_\_  
leave, training etc. during the year:

**PART-II**

(A brief statement of the work handled by the employee during the year/ period under report)

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Note: This should indicate whether the officer reported upon is employed on tasks involving initial judgment or application of knowledge of rules and regulation or professional techniques or on tasks of a simple nature and routine character.

Signature of the official

## PART-III

### Assessment by Reporting Officer

1. State of health \_\_\_\_\_
2. General intelligence & \_\_\_\_\_  
keenness to learn
3. Knowledge and ability to use computers \_\_\_\_\_  
and its applications in the concerned field  
(Outstanding/Very Good/Good/Fair/Poor)

Note : Assessment under columns 11-15 below should not be indicated by tick marking but should be clarified or expressed in suitable words.

4. Attention to routine aspects of work such as proper maintenance of Assistant Diary, Guard File recording, indexing & keeping of files.
  - a) Pays adequate attention to these aspects \_\_\_\_\_
  - b) Is indifferent to these aspects \_\_\_\_\_
  - c) Has to be constantly prompted & Supervised \_\_\_\_\_
5. Knowledge of office procedure  
(a) Excellent ☐ (b) Very Good ☐ (c) Good ☐ (d) Average ☐ (e) Poor ☐
6. Knowledge of Rules and Regulation & Instructions in general & with particular reference to the work allotted to him  
(a) Excellent ☐ (b) Very Good ☐ (c) Good ☐ (d) Average ☐ (e) Poor ☐
7. Quality of work.
  - (i) Ability to apply the relevant Rules and regulations correctly-  
(a) Excellent ☐ (b) Very Good ☐ (c) Good ☐ (d) Average ☐ (e) Poor ☐

(ii) Capacity to examine cases thoroughly & comprehensively-

(a) Excellent ☐ (b) Very Good ☐ (c) Good ☐ (d) Average ☐ (e) Poor ☐

(iii) Quality of Noting & Drafting-

(a) Excellent ☐ (b) Very Good ☐ (c) Good ☐ (d) Average ☐ (e) Poor ☐

8. Innovations:

(i) Established process for continuous improvement \_\_\_\_\_

(ii) Accepts and helps innovations \_\_\_\_\_

(iii) Does not accept innovations early \_\_\_\_\_

9. Ability to work with colleagues:

(i) Eager to give/take co-operation \_\_\_\_\_

(ii) Co-operates when asked \_\_\_\_\_

(iii) Does not co-operate \_\_\_\_\_

10. Discipline:

(i) Works as a self-disciplined and obedient  
person and always follows the rules strictly. \_\_\_\_\_

(ii) Amenable to a reasonable degree \_\_\_\_\_

(iii) Generally unwilling to accept orders \_\_\_\_\_

11. Punctuality in attendance \_\_\_\_\_

12. Integrity \_\_\_\_\_

13. Has the officer/employee been reprimanded for  
in different attitude or for other causes  
during the period under report, if so,  
please given brief particulars \_\_\_\_\_

14. Has the officer/employee done any outstanding \_\_\_\_\_  
or notable work meriting commendation \_\_\_\_\_  
Briefly mention them \_\_\_\_\_

15. Fitness for confirmation (give the Remarks):-

Signature of Principal/Reporting Officer.....

Name in Block Letters .....

Designation.....

OFFICE STAMP

**Part IV- Remarks by Reviewing/ Accepting Officer**

01. Length of service under Reviewing Officer\_\_\_\_\_

02. Do you agree with remarks of the Reporting\_\_\_\_\_

Officer in PART-III above, if not wish to add \_\_\_\_\_

anything specific with regard to the work and\_\_\_\_\_

Conduct of the official over and above the remarks\_\_\_\_\_

of the Reporting Officer, please mention them.\_\_\_\_\_

03. General remarks about the work of the official\_\_\_\_\_

including on the grading by the Reporting Officer.\_\_\_\_\_

Place:

Signature of Reviewing/Accepting Officer

Name in Block Letters:-

Date:

Designation :-