

No.A28022/01/2017-APAR
Government of India
Ministry of Health and Family Welfare
(CHS Division)

....

Nirman Bhawan, New Delhi-110011

Dated the 29th March, 2017

Sub: Annual Performance Appraisal Report (APAR) of Central Health Service doctors and Dental doctors for the year 2016-17 -reg.

....

The Annual Performance Appraisal Report of Central Health Service Officers and Dental doctors are recorded every year for the period from 1st April to 31st March as per the general orders issued in this regard by the Department of Personnel and Training. The APARs of CHS officers and Dental doctors' upto the year 2015-16 have been recorded manually. However from the year 2016-17 onwards the said APARs are required to be filed online through e-Office SPARROW software.


2. Also from the year 2016-17 onwards the said APARs are to be recorded at three levels i.e. Reporting Officer, Reviewing Officer and Accepting Authority. The level of Reporting, Reviewing and Accepting Authority in respect of different level of CHS Officer will be as per **annexure I**. Besides, following provisions may also be taken into account while filing the APARs for the period 2016-17 onwards.

- (i) The concerned Joint Secretary dealing with the institute/programme in Ministry of Health and Family Welfare will additionally give his appraisal of the officer heading the institute/programme to the Reviewing Officer for consideration in final assessment of the officer.
- (ii) AS (H) will be accepting authority in respect of any CHS post upto the level of SAG which is not included in the channel of submission for Reporting/Reviewing/Accepting of the APAR. For CHS posts above the level of SAG secretary (H) will be accepting authority.

3. The APARs duly completed in all respects should be sent to this Ministry as per the time schedule given below:

TIME SCHEDULE FOR PREPARATION OF APAR
(Reporting year-Financial year)

Sl. No.	Nature of action	Date by which to be completed
1.	Distribution of blank APAR forms to all concerned (i.e., to officer to be reported upon where self - appraisal has to be given and to reporting officers where self - appraisal is not to be given).	31 st March. (This may be completed even a week earlier)


(जॉइंट सचिव)
(LALIT KUMAR)
Joint Secretary
Ministry of Health & Family Welfare
Government of India
Nirman Bhawan, New Delhi

- | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 2. | Submission of self- appraisal to reporting officer by officer to be reported upon (where applicable) | 15 th April |
| 3. | Submission of report by Reporting Officer to Reviewing Officer. | 30 th June |
| 4. | Report to be completed by Reviewing Officer and to be sent to Administration of CR Section/Cell or accepting authority, wherever provided. | 31 st July |
| 5. | Appraisal by accepting authority, | 31 st August |
| 6. | Disclosure to the officer reported upon. | 15 th September |
| 7. | Receipt of representation, if any, on APAR | 15 Days from the date of receipt of communication |
| 8. | Forwarding of representation to the competent Authority | 06 th October |
| 9. | Disposal of representation by Competent Authority. | within one month from the date of receipt of representation. |
| 10. | Communication of the decision of the Competent Authority on the representation by the APAR Cell. | 15 th November |
| 11. | End of entire APAR process, after which the APAR will be finally taken on record. | 30 th November |

4. Further, it is also brought to the notice of all concerned that in case necessary action to complete the APARs is not taken within time limit as stated in para 3 above, the officers concerned shall forfeit their right to enter remarks after expiry of the stipulated period of time.

5. The other conditions not expressly provided for in this OM shall be guided by the instructions issued by DoPT from time to time on the subject.

Yours faithfully,

M M A. K.

(Lalit Kumar)

UNDER SECRETARY TO THE GOVT. OF INDIA

Tele.No.23062550



Cont. P.3-

To

1. All participating units of C.H.S.
2. ACR Cell (Dte.GHS)
3. Director (CGHS)
4. Senior Director (Tech.), NIC with a request to host this O.M. alongwith the APAR proforma in the website of this Ministry.



(Lalit Kumar)

UNDER SECRETARY TO THE GOVT. OF INDIA

Copy for kind information to:-

1. PS to Hon'ble HFM/Hon'ble MoS (FSK) /Hon'ble MoS (AP)
2. PPS to Secretary (H)/DGHS/All Addl. Secretary/All Joint Secretary.
3. US(DDM)/US(SMR)



A.28022/01/2017-CHS-APAR

**LEVEL OF REPORTING, REVIEWING AND ACCEPTING AUTHORITY OF APARs
OF CENTRAL HEALTH SERVICE (CHS) OFFICERS**

OFFICERS WORKING IN DTE.C.H.S

	LEVEL OF OFFICERS REPORTED UPON	REPORTING OFFICER	REVIEWING OFFICER	ACCEPTING AUTHORITY
1.	DGHS	SECRETARY(H&FW)	HFM/MOS	HFM
2.	Special DGHS	SECRETARY(H&FW)	HFM/MOS	HFM
3.	Addl.DGHS	DGHS	SECRETARY(H&FW)	HFM
4.	DDG	DGHS	SECRETARY(H&FW)	HFM
5.	Addl.DDG	Addl.DGHS	DGHS	Secretary
6.	ADGs.CMO	Addl.DGHS	DGHS	Secretary

**CHS OFFICERS WORKING IN SUBORDINATE OFFICES UNDER
DTE.G.H.S.(HQ)**

1. LHMC

a	Head of Institute	DGHS	SECRETARY(H&FW)	HFM
b	Head of Department	Head of Institute	DGHS	Secretary
c	Officers upto the level of Director- Professor, Consultant, & SAG of GDMO	Concerned Head of Department	Head of Institute	AS(H)

2. SAFDARJUNG HOSPITAL

a	Head of Institute	DGHS	Secretary(H&FW)	HFM
b	Head of Department	Head of Institute	DGHS	Secretary
c	Officers upto the level of Director Professor, Consultant, & SAG of GDMO in the Hospital	Concerned Head of Department	Head of Institute	AS(H)

M M a.m

Director, LHMC
 (CHS) - 110011
 New Delhi
 11/01/2017

3.DR. R.M.L.HOSPITAL

a	Head of Institute SAG/HAG	DGHS	Secretary (H & FW)	HFM
b	Head of Department	Head of Institute	DGHS	Secretary
c	Officers upto the level of Director- Professor, Consultant, & SAG of GDMO in the Hospital	Concerned Head of Department	Head of Institute	AS(H)

4.OFFICERS WORKING IN CGHS

a	Director, CGHS	AS & DG(CGHS)	Secretary (HFW)	HFM
b	Additional Director (HQ), CGHS & Zonal In- Charge (CGHS)in Delhi & Other CGHS cities	Director, CGHS	AS&DG (CGHS)	Secretary
c	CGHS Wellness Centre (In-Charge) Polyclinic (in-Charge)	Additional Director (CGHS)/Zonal In-Charge	Director (CGHS)	AS& DG (CGHS)

Maternity Centre (In-Charge)

d	Officers working in Wellness Centre/ Maternity Homes/ Polyclinic upto the level of SAG	Concerned Wellness Centre (in-Charge)/ Maternity Homes/ Polyclinic (in-charge)	Additional Director (CGHS)/Zonal In-Charge	Director (CGHS)
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5. OFFICERS WORKING IN CGHS WING OF S.J.HOSPITAL

a)	Head(Incharge) of CGHS Wing	M.S. S. J. Hospital	Director (CGHS)	AS & DG (CGHS)
b)	Doctors in CGHS Wing	Head(Incharge) of CGHS Wing	M.S. S. J. Hospital	Director (CGHS)

M. (u) g.m.

(ललित कुमार)
(LALIT KUMAR)
ज्येष्ठ सचिव/उपसचिव
ज्येष्ठ एवं सचिव, स्वास्थ्य विभाग
Ministry of Health & F.W.
www.cgshs.org
सं. 100/1000/1000

6. OFFICERS WORKING IN CGHS WING OF Dr.RML HOSPITAL

C)	Head(Incharge) of CGHS Wing	MS RML Hospital	Director (CGHS)	AS & DG (CGHS)
d)	Doctors in CGHS Wing	Head(Incharge) of CGHS Wing	MS RML Hospital	Director (CGHS)

7. NATIONAL VECTOR BORN DISEASE CONTROL PROGRAMME (NVBDGP), DELHI

a)	Head of Institute SAG/HAG	DGHS	Secretary (H& FW)	HFM
b)	Head of Department	Head of Institute	JS (concerned)	DGHS
c)	Officers upto the level of Consultant & SAG of PUBLIC HEALTH/GDMO	Concerned Head of Department	Head of Institute	Addl.DGHS

8. AIRPORT HEALTH OFFICES/PORT HEALTH OFFICES (APHO/PHO)

a)	Head of Institute	DDG	Addl.DGHS	DGHS
b)	Subordinate Officers	Head of Institute	DDG	Addl.DGHS

9. NATIONAL TUBERCULOSIS INSTITUTE(NTI), BANGALORE

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl DGHS	DGHS

10. ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH (AIIPH), KOLKATA

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Head of Department	Head of Institute	JS (concerned)	DGHS
c)	Subordinate Officers	Head of Department	Head of Institute	Addl.DGHS


 (OFFICE USE)
 LALIT KUMAR
 Joint Officer/Under Secretary
 Health & Family Welfare
 Ministry of Health & F.W.
 Govt. of India
 New Delhi

11. ALL INDIA INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION (AIIPM&R), MUMBAI

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

12. INSTITUTE OF SEROLOGY, KOLKATA

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

13. BCG VACCINE LAB, GUINDY (TAMIL NADU)

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

14. CENTRAL INSTITUTE OF PSYCHIATRY(CRI), RANCHI

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

15. CENTRAL RESEARCH INSTITUTE(CRI), KASAUJI, HIMACHAL PRADESH

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

16. LEPROSY INSTITUTES

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

M M fm

17. REGIONAL OFFICES FOR HEALTH & FAMILY WELFARE (ROHEW)

a)	Head of Institute	DGHS	Secretary (H&FW)	HFM
b)	Subordinate Officers	Head of Institute	Addl.DGHS	DGHS

18. RURAL HEALTH TRAINING CENTRE (RHTC), NAJAFGARH (DELHI)

a)	Head of Institute	Concerned Joint Secretary in the Ministry	Concerned Additional Secretary in the Ministry	Secretary
b)	Subordinate Officers	Head of Institute	Concerned Joint Secretary in the Ministry	AS (H)

19. DEPARTMENT OF FAMILY WELFARE, MINISTRY OF HEALTH AND FAMILY WELFARE

a)	Deputy Commissioner	Concerned Joint Secretary in the Ministry	Concerned Additional Secretary in the Ministry	Secretary
b)	Assistant Commissioner	Deputy Commissioner	Concerned Joint Secretary in the Ministry	AS (H)

20. MAULANA AZAD MEDICAL COLLEGE (MAMC), GURU TEG BAHADUR (G.T.B.) HOSPITAL, GOBIND BALLABH PANT (G.B.PANT) HOSPITAL (GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI)

a)	Dean/Director/M.S	Secretary (H)/Principal Secretary (H) GNCT, Delhi	Principal Secretary (H)/Chief Secretary GNCT, Delhi	HM GNCT, Delhi
b)	Head of Department	Dean/Director/M.S	Secretary (H)/Principal Secretary (H) GNCT, Delhi	Chief Secretary
c)	Subordinate officers upto the level of Director-Professor	Head of Department	Head of Institute	Secretary (Health), GNCT, Delhi

M. M. a. m.

*Concerned Joint Secretary dealing with the Institute/ Programme in Ministry of Health & Family Welfare will additionally give his appraisal of the officer heading the Institute/ Programme to the Reviewing Officer for consideration in final assessment of the officer.

** Additional Secretary (Health), Ministry of Health & Family Welfare will be Accepting Authority in respect of any CHS post upto the level of SAG not included in the channel of submission for Reporting/Reviewing. For CHS post above the level of SAG, the Secretary (Health) will be Accepting Authority.

M M g.m.

ANNUAL PERFORMANCE APPRAISAL REPORT

FOR

OFFICERS OF THE CENTRAL HEALTH SERVICE

Reporting for the year/period.....

PART-I (PERSONAL DATA) TO BE FILLED BY OFFICER)

1. Name of the officer : _____
2. Designation : _____
3. Date of Birth : _____
4. Date of joining Central Health Services : _____
5. Name of Sub-Cadre :
(i) TEACHING
Speciality _____
(ii) NON-TEACHING
Speciality _____
(iii) PUBLIC HEALTH
(iv) GDMO
(Regular/Regularized)
6. Date of continuous appointment to : _____
present grade
7. Pay Band with grade pay : _____
8. Department/Organization where : _____
working and since when
9. Period of absence from duty
(i) Leave : _____
(ii) Training : _____
(iii) Any other reason (Specify) : _____
10. Date of filing the Annual : _____
Property return

भाग- 2

PART-2 जिस अधिकारी का प्रतिवेदन लिखा जाना है, उसके द्वारा भरे जाने के लिए

To be filled in by the Officer reported upon

(कृपया प्रविष्टियों को भरने से पहले अनुदेशों को ध्यान से पढ़ ले)

(Please read carefully the instructions before filling the entries)

1. किये गये कार्यों का संक्षिप्त विवरण

Brief description of duties

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2. कार्य के जो लक्ष्य/ उद्देश्य /ध्येय आपने स्वयं अपने लिए निर्धारित किये हों, या आपके लिए निर्धारित किये गये हों उन (परिणाम/ मात्रा या अन्य रूप में) कार्यों की आठ-दस मंदाँ प्राथमिकता के आधार पर बनाएं और हरेक लक्ष्य की दृष्टि से अपनी उपलब्धि बताएं (उदाहरण के लिए आपके प्रभाग के लिए वार्षिक कार्य योजना)

Please specify targets/objectives/goals (in quantitative or other terms) of work you set for yourself or that were set for you, eight to ten items of work in the order of priority and your achievement against each target. (Example: Annual Action plan for your Division)

लक्ष्य/ उद्देश्य /ध्येय Targets/Objectives/Goals	उपलब्धियाँ Achievements

3. (अ) कृपया मद 2 में बताए गए लक्ष्यों/ उद्देश्यों/ध्येयों की प्राप्ति में रही कमियों का संक्षेप में उल्लेख करें। यदि लक्ष्यों की प्राप्ति में कोई बाधाएं रही हों तो वे बताएं।

(A) Please state briefly, the shortfalls with reference to the targets/objectives/goals referred to in item 2. Please specify constraints, if any, in achieving the targets.

(ब) कृपया उन मदों का भी उल्लेख करें जिनमे काफी अधिक उपलब्धियां रही है और उनमें अपने योगदान का भी उल्लेख करें।
(B) Please also indicate items in which there have been significantly higher achievements and your contribution thereto.

4. कृपया उल्लेख करें कि क्या पूर्ववर्ती कैलेंडर वर्ष की अचल संपत्ति वार्षिक विवरणी निर्धारित तारीख अर्थात कैलेंडर वर्ष से उत्तरवर्ती वर्ष को 31 जनवरी तक दर्ज करा दी गई थी। यदि नहीं तो विवरण दर्ज कराने की तारीख दी जाए। Please state whether the annual return on immovable property for the preceding calendar year was filled within the prescribed date i.e. 31st January of the year following the calendar year, If not, the date of filling the return should be given.

दिनांक:

Date:.....

सूचना देने वाले अधिकारी हस्ताक्षर

Signature of officer reported upon

भाग-3

PART-3

संख्यात्मक वर्गीकरण का निर्धारण प्रतिवेदन तथा पुनःनिरीक्षण प्राधिकारी किया जाना है जो 1-10 के पैमाने पर होना चाहिए, जहाँ 1 सबसे कम श्रेणी का तथा 10 उच्चतम श्रेणी का उल्लेख करता है।

Numerical grading is to be awarded by reporting and reviewing authority which should be on a scale of 1-10. Where 1 refers to the lowest grade and 10 to the highest.

(कृपया प्रविष्टियों को भरने से पहले दिशानिर्देशों को ध्यान से पढ़ लें)

(Please read carefully the guidelines before filling the entries.)

(अ) कार्य निष्पादन का मूल्यांकन (इस भाग का भार 40% होगा)

(A) Assessment of work output (weightage to this Section would be 40%)

	प्रतिवेदन प्राधिकारी Reporting Authority	पुनर्विलोकन प्राधिकारी (संदर्भ भाग -5 का पैरा 2) Reviewing Authority (Refer Para 2 of Part 5)	पुनर्विलोकन प्राधिकारी के आध्याक्षर Initial of Reviewing Authority
i) पूर्वनियोजित कार्य की परिपूर्णता/ विषय के आधार पर आबंटित किया गया कार्य Accomplishment of planned work/work allotted as per subjects allotted			
ii) कार्य- निष्पादन की कोटि Quality of output			
iii) विश्लेषणात्मक योग्यता Analytical ability			
iv) अपवादात्मक कार्य की परिपूर्णता/ किये गये अप्रत्याक्षित कार्य Accomplishment of exceptional work/ unforeseen task performed			
निर्गत कार्य पर कुल मिलाकर श्रेणीकरण Overall Grading on "Work Output".			

(ब) व्यक्तिगत विशेषताओं का मूल्यांकन (इस भाग का भार 30% होगा)

(B)

Assessment of personal attributes (weightage to this Section would be 30%)

	प्रतिवेदन प्राधिकारी Reporting Authority	पुनर्विलोकन प्राधिकारी (संदर्भ भाग का पैरा 2) Reviewing Authority (Refer Para 2 of Part-5)	पुनर्विलोकन प्राधिकारी के आध्याक्षर Initial of Reviewing Authority

i) कार्य की अभिवृत्ति Attitude to work			
ii) ज़िम्मेदारी का बोध Sense of responsibility			
iii) अनुशासन का अनुरक्षण Maintenance of Discipline			
iv) संप्रेषण क्षमताएं Communication Skills			
v) नेतृत्व गुण Leadership qualities			
vi) दल की भावना में कार्य करने की क्षमता Capacity to work in team spirit			
vii) समय सारिणी का अनुसरण करने की क्षमता Capacity to adhere to time- schedule			
viii) परस्पर व्यक्तिगत संबंध Inter-personal relations			
ix) समग्र छवि एवं व्यक्तित्व Overall bearing and personality			
व्यक्तिगत विशेषताओं पर कुल मिलाकर श्रेणीकरण Overall Grading on 'Personal Attributes'.			

(स) प्रकार्यात्मक सक्षमता का मूल्यांकन (इस भाग का भार 30% होगा)

(C) Assessment of functional competency (weightage to this Section would be 30%)

	प्रतिवेदन प्राधिकारी Reporting Authority	पुनर्विलोकन प्राधिकारी (संदर्भ भाग 5 का पैरा 2) Reviewing Authority (Refer Para 2 of Part 5)	पुनर्विलोकन प्राधिकारी के आध्याक्षर Initial, Reviewing Authority
i)नियम/ विनियम/कार्य/ एवं योग्यता के क्षेत्र में प्रक्रियाएँ एवं उनके सही प्रयोग की जानकारी Knowledge of Rules/ Regulations/ Procedures in the area of function and ability to apply them correctly			
ii) नीतिबद्ध योजना बनाने की क्षमता Strategic planning ability			
iii) निर्णय लेने की क्षमता Decision making ability			
iv) समन्वय क्षमता Coordination ability			
v) अधीनस्थ को प्रेरित एवं विकसित करने की क्षमता Ability to motivate and develop subordinates			
vi) पहल शक्ति Initiative			
प्रकार्यात्मक सक्षमता पर कुल मिलाकर श्रेणीकरण Overall Grading on 'Functional Competency'			

सामान्य

GENERAL

भाग-4

PART-4

1. जनता के साथ भागीदारी (जहाँ भी प्रयोज्य)

Relations with the public (wherever applicable)

(जनता की आवश्यकताओं का उत्तरदायित्व एवं अधिकारी तक अभिगम पर कृपया टिप्पणी दें)

(Please comment on the Officer's accessibility to the public and responsiveness to their needs)

2. प्रशिक्षण

Training

(कृपया अधिकारी की प्रभावित एव कार्य क्षमताओं में और अधिक सुधार और वृद्धि करने की दृष्टि से उसके प्रशिक्षण के लिए सिफारिशें करें)

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officer)

3. स्वास्थ्य की स्थिति

State of Health

4. सत्यनिष्ठा

Integrity

(कृपया अधिकारी की सत्यनिष्ठा पर टिप्पणी दें)

(Please comment on the Integrity of the Officer)

5. प्रतिवेदन अधिकारी द्वारा अधिकारी की समस्त विशेषताओं की तस्वीर (लगभग 100 शब्दों में), जिसमें सामर्थ्य क्षेत्र एवं कम सामर्थ्य क्षेत्र, असाधारण उपलब्धियां, महत्वपूर्ण असफलताओं (संदर्भ: भाग-2 का 3 (अ) एव 3 (द) दुर्बल वर्गों के प्रति अभिवृत्ति शामिल हो।

Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength, extraordinary achievements, significant failures (ref:3(A) & 3(B) of part-2) and attitude towards weaker sections.

6. प्रतिवेदन के भाग-3 के खंड अ, ब तथा स में दिए गए भारांश के आधार पर कुल मिलाकर संख्यात्मक वर्गीकरण ।

Overall numerical grading on the basis of weightage given in Section A, B and C in Part-3 of the Report.

Place: स्थान

Date: दिनांक

प्रतिवेदन अधिकारी के हस्ताक्षर

Signature of the Reporting Officer

नाम साफ अक्षरों में :

Name in Block Letters:.....

पदनाम :

Designation:.....

प्रतिवेदन की अवधि में:

During the Period of Report:

भाग-5

PART-5

1. पुनर्विलोकन अधिकारी की अभियुक्ति:

REMARKS OF THE REVIEWING OFFICER:

पुनर्विलोकन अधिकारी के अन्तर्गत सेवा काल

Length of Service under the Reviewing Officer

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2. क्या आप भाग-3 व भाग-4 में निर्गत कार्य तथा विभिन्न गुणों के संबंध में प्रतिवेदन अधिकारी द्वारा किये गये मूल्यांकन से सहमत हैं ? क्या आप अधिकारी की असाधारण उपलब्धियों/ महत्वपूर्ण असफलताओं के संबंध में किये गये मूल्यांकन से सहमत हैं? (संदर्भ: भाग-3(अ) (iv) तथा भाग-4(5)) (यदि आप प्रतिवेदन अधिकारी द्वारा दिये गुणों के किसी संख्यात्मक मूल्यांकन से सहमत नहीं हैं तो कृपया अपना मूल्यांकन इस खंड के दिये गये स्तम्भ में दें तथा विद्वमानता को आध्याक्षर करें)।

Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 & Part-4 ? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? (Ref. Part-3(A)(iv) and Part-4(5))

(In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries).

हाँ Yes	नहीं No
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3. असहमत होने की स्थिति में कृपया इसके कारण बतायें, क्या कोई ऐसी बात है जिसे आप कुछ बदलना या जोड़ना चाहते हैं?

In case of disagreement, please specify the reasons. Is there anything you wish to modify or add?

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4. पुनर्विलोकन अधिकारी द्वारा कलम तस्वीर । कृपया समालोचन करें (लगभग 100 शब्दों में) जिसमें अधिकारी की समस्त विशेषताओं की सामर्थ्य क्षेत्र एवं कम सामर्थ्य क्षेत्र एवं उसकी दुर्बल वर्गों के प्रति अभिवृत्ति शामिल हो ।

Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including area of strengths and lesser strength and his attitude towards weaker sections.

5. प्रतिवेदन के भाग-3 के खंड (अ), खंड -(ब) तथा खंड-(स) में दिए गए भारांश के आधार पर कुल मिलाकर संख्यात्मक वर्गीकरण ।

Overall numerical grading on the basis of weightage given in Section-A, Section-B and Section-C in Part -3 of the Report.

पुनर्विलोकन अधिकारी के हस्तक्षार

Signature of the Reviewing Officer

स्थान:

Place:.....

नाम साफ अक्षरों में:

Name in Block Letters:.....

पदनाम:

Designation:.....

दिनांक:

Date:.....

प्रतिवेदन की अवधि में :

During the period of Report:.....

Acceptance

Yes	No
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[illegible]

10. *Journal of the American Medical Association*, 273:1225-1230 (1995).

Signature of Accepting Authority_____

CERTIFICATE

- I _____ Reviewing Officer of the officer reported upon as per O.M.No.A.28012/11/2011-CHS.V dated 29.3.2012, 22.6.2012, 18.6.2013 and 28.7.2015 has supplied a copy of APAR for the period _____ to _____ to Dr. _____ for his/her information and to make a representation, if any, against the entries and final grading within 15 days.
- *2 The representation of the officer reported upon alongwith comments of Reporting Officer and the comments of the undersigned in my capacity as Reviewing Officer are enclosed.
- *3 The officer reported upon has not submitted any representation within 15 days of communication.

Signature of the Reviewing Officer

Name in Block Letters:.....

Designation:.....

Date.....

Period of Report:.....

*Strike out whichever is not applicable

संख्यात्मक श्रेणीकरण के साथ एपीएआर भरने संबंध दिशानिर्देश

Guidelines regarding filling up of APAR with numerical grading

(i) एपीएआर के स्तंभ विधिवत सावधानी और ध्यानपूर्वक तथा पर्याप्त समय देते हुए भरने चाहिए।

The columns in the APAR should be filled in with due care and attention and after developing adequate time.

(ii) यह आशा की जाती है कि 1 अथवा 2 के किसी वर्गीकरण (निर्गत कार्य या विशेषताओं या कुल मिलाकर श्रेणीकरण के प्रतिकूल) को विशिष्ट असफलताओं के मार्ग से कलम चित्र में पर्याप्त रूप से औचित्य दिया जाएगा और इसी प्रकार 9 अथवा 10 के किसी श्रेणी के संबंध में विशिष्ट उपलब्धियों के संबंध में औचित्य दिया जाएगा। श्रेणी 1-2 अथवा 9-10 विरल होती है अतः उनका औचित्य दिए जाने की जरूरत है। सांख्यिक श्रेणी प्रदान करते हुए प्रतिवेदन एवं पुनर्विलोकन अधिकारियों को किसी अधिकारी का दर्जानिर्धारण उनके अधीन वही संख्या में वर्तमान में कार्यरत सहयोगियों की तुलना में करना चाहिए।

It is expected that any grading of 1 or 2 (against work and output or attributes or overall grade) would be adequately justified in pen picture by way of specific failures and similarly any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a larger population of his/her peers that may be currently working under them.

(iii) एपीएआर का 8 से 10 के बीच का वर्गीकरण "उत्कृष्ट" लिया जाएगा तथा सूचीकरण/ प्रोन्नति के लिए औसत प्राप्तांक की गणना करने के लिए प्राप्तांक 9 दिया जाएगा.

APARs grade between 8 and 10 will be rated as "Outstanding" and will be given a score of 9 for the purpose of calculating average scores for empanelment /promotion.

(iv) एपीएआर का 6 तथा 8 से छोटा के बीच का वर्गीकरण "बहुत अच्छा" लिया जाएगा तथा प्राप्तांक 7 दिया जायेगा।

APARs grading between 6 and short of 8 will be rated as "Very good" and will be given a score of 7.

(v) एपीएआर का 4 तथा 6 से छोटा के बीच का वर्गीकरण "अच्छा" लिया जाएगा तथा प्राप्तांक 5 अंक दिया जायेगा।

APARs grading between 4 and short of 6 will be rated as "Good" and given a score of 5.

(vi) एपीएआर का 4 से कम वर्गीकरण "शून्य" दिया जायेगा।

APARs graded below 4 will be given a score of "Zero".