U J V N Limited

(A Govt. of Uttarakhand Enterprise)

Annual Performance Appraisal Report
(For Executive Engineer or Equivalent to Executive Director Level)

Year of Appraisal

Name					
Period of A	Appraisal				
Designation	on				
Emp. No/I	FB No.				
		Section-I (Basi			
1. Durin	g Appraisal Po	(To be filled by period:-	the Appraise	ee)	
a. P	Place of Posting	& Date:			
a. A	At the time of in	cation:			
3. Repor	rting, reviewin	g and final authorities:			3-12
		Name & Designat	ion	Period	of Appraisal
Reporti	ng Officer				
Review	ing Officer				
Final	Authority				
4 Leave	(other than C	L like CCL, EL, PL & ML if 1	more than 3	Months of duration	or Period of
		arate sheet, if required) :			
		Period (From-To)	То	tal number of days	Nature of Leave
On leave Period of					
		d/Hanaura if any during the r	pariod of an	nraisal	
		d/Honours, if any, during the p	eriod of ap		
Sl. No.	Type of App	preciation/Award/Honours		Brief Details	

I.No.	Name of Sub-o	rdinate with Designation			Reasons	
		grammes attended during ttached, if required)	the period of	appraisal.		
Sl.	Subject	Institution	Da	ite	Nominated	Attended
No.			From	То		
-						
10.	In case of shortfall o	f expected targets of perfo	ormance pleas	e state the	constraints fac	ed and
10. J		f expected targets of perfo be the steps taken to over			constraints fac	ed and
10.					constraints fac	ed and
10.					constraints fac	ed and
10. 1					constraints fac	ed and
	reasons. Also descri		come the cons	traints.		
	reasons. Also descri	be the steps taken to over	come the cons	traints.		
	reasons. Also descri	be the steps taken to over	come the cons	traints.		
	reasons. Also descri	be the steps taken to over	come the cons	traints.		
	reasons. Also descri	be the steps taken to over	come the cons	traints.		

(Signature)
Name & Designation of
the Appraisee

Section-II

(To be filled by reporting Officer)

(12.1) The general reputation of Certify his/her Integrity.	Mr/Ms	for honesty is Good and
(12.2) The general reputation of I withhold his/her integrit;	Mr./Ms y on account of the following reas	or honesty is not good an sons:

Date:

(Signature)
Name & Designation of the
Reporting Officer

Overall Marks	10	9	∞	7	6	5	4	w	2	1		S.No.
Marks	Timely submission of Annual Work Plan											Description of Annual Work Plan/Objectives 2
70	3*										ç	Weightage/ Marks
											Unit	
											Numbers/ Quantity	Target Planned** 4
											Date of Completion	ed **
											Numbers/ Quantity	Target ac with proo felt n
											Completed on	Target achieved (along with proof/Supporting if felt necessary) 5
												% Age Achievement
											wise)	Marks by Reporting Officer (Objective
											8 8	Reviewin g Officer (Objective

^{*}Within due date Rating 3, After 15 days of due date Rating 2, After 30 days of due date Rating 1, After 30 days rating will be 0 **The targets to be clearly planned with measurable quantity/numbers/percentage with target date (as far as possible)

Signatures along with Date & Stamp:-

Note:- (1) Column No. 1 to 6 to be completed by the appraisee.

⁽²⁾ Reviewing Officer shall record the marks within 10% overall variation with Reporting Officer.

14. Assessment of Personal Attributes.

Table-B (Marks)-20

S. No.	Parameters (Warks)-2	Marks	Marks by Reporting officer (*)	Marks by Reviewing officer (*) #
14.01	Timely submission of appraisal report & its review for the subordinates.	2	()	
14.02	Practical job knowledge	2		
14.03	Theoretical job knowledge	2		
14.04	Knowledge of Rules/Codes/Manuals/Procedures/ tender procedures/procurement rules	2		
14.05	Behaviour towards Colleagues, Seniors & Sub-ordinate	2		
14.06	Decision making Ability	2		
14.07	Supervision, Quality of work & Commitment	2		
14.08	Ability in adhering to schedules & Co-ordination with Others /co-operation	2		
14.09	Belongingness & ownership	2		
14.10	Exceptional contribution as per Clauses No. 10 of this format	2		
verall Ma	arks	20		

(*) Marks can be given up to two decimal.

15. Training & Development (Initiatives for self and subordinate's Development)

Descript	tion of Initiatives	Total Marks	Marks by Reporting Officer	Marks by Reviewing Officer #
Self Development	Number(s) of Trainings/Presentation/ Session nominated. Number(s) of Training/Presentations/ Sessions attended.	05		
Subordinate Development- Minimum required sessions on Training/Interaction/ Meeting/Guiding/Coaching/ Mentoring – 4 Sessions during the year.	Total average sessions organized/nominated during the year for the subordinates out of 4 as required.	05		
		10		

16. Overall assessment by the Reporting and Reviewing Officers.

Sr. No	Reference table	Maximum Marks	Marks by Reporting officer	Marks by Reviewing officer#
1	A (Performance)	70		42-1-1-1-1-1
2	B (Personal Attributes)	20		
3	C (Training & Development)	10		
	Total	100		

 \underline{Note} : # Reviewing Officer shall record the marks within +-10% overall variation with Reporting officer.

(Signature with date)
Name & Designation of the
Reporting Officer

(Signature with date)
Name & Designation of the
Reviewing Officer

Section-III [Assessment by Accepting/Final Authority]

officers.	arks more than	10% or less		s compared to	ns, if he/she reviewing
		-			
)verall Mark authority:-	as given by Accept	ing			
Out of 100 i	marks)				
Percentage	More than 90%	80-90%	60%-79%	50%-59%	Less than 50%
Remarks	Outstanding	Very Good	Good	Satisfactory	Unsatisfactory
Date:			(Signature) Name of A Designation	ccepting/Final	Authority:
				eted by HR Dep	
			Received a	t DGM(P) Office	ce on
			Date		
			Name		

	ual V	
	Vork	
1	Plan	IAFO
	for	Li
	the	mite
	Financial Y	UJVN Limited, Dehradun
	ual Work Plan for the Financial Year	un

	(*** In case of Midterm review, effective date)		
Name of the Officer	Designation		
Place of posting	Reporting Officer		
		Target Planned	Weig

S.No.
_
2
3
4
5
6
7
8
9
10
Overall Marks

*With in due date Rating 3, After 15 days of due date Rating 2, After 30 days of due date Rating 1, After 30 days rating will be 0.

** The targets to be clearly planned with measurable quantity/numbers/percentage with target date (as far as possible).

*** In case there is change in Reporting/Reviewing Officer/change in assigned task, midterm review will be done.

Signature	Date	Date	Date
Name	Name	Name	Name
ualed	Signature	Signature	Signature
Received at DGM (P) Office on	Reviewing Officer	Reporting/Controlling Officer	Appraisee