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**U J V N Limited**



**(A Govt. of Uttarakhand Enterprise)**

***Annual Performance Appraisal Report***

(For Junior Engineer)

**Year of Appraisal ……………...............................**

|  |  |
| --- | --- |
| Name |  |
| Period of Appraisal |  |
| Designation |  |
| Emp. No/FB No. |  |

**Section-I (Basic Information)**

**(To be filled by the Appraisee)**

1. **During Appraisal Period**:-
   1. Place of Posting & Date: …………………………………………………………………………..
   2. Name of Circle/Valley/Office: …………………………………………………………………….
2. **Educational Qualification:** …….………………………………………………………………………
   1. At the time of initial joining in the UJVN Ltd. …..……………………………………………….
   2. Qualification acquired during service of the UJVN Ltd. ………………………………………...
3. **Reporting, reviewing and final authorities:**

|  |  |  |
| --- | --- | --- |
|  | Name & Designation | Period of Appraisal |
| Reporting Officer |  |  |
|  |  |
|  |  |
| Reviewing Officer |  |  |
|  |  |
|  |  |
| Final Authority |  |  |
|  |  |
|  |  |

1. **Leave (other than CL like CCL, EL,PL & ML if more than 3 Months of duration) or Period of**

**absence(attach separate sheet, if required) :**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Period (From-To) | Total number of days | Nature of Leave |
| On leave |  |  |  |
| Period of Absence |  |  |  |

1. **Appreciation/Award/Honours, if any, during the period of appraisal:**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Type of Appreciation/Award/Honours | Brief Details |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of ‘Performance Appraisals ’ of sub-ordinates not written for the previous year :**

|  |  |  |
| --- | --- | --- |
| Sl.No. | Name of Sub-ordinate with Designation | Reasons |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of Training Programmes attended during the period of appraisal.**

**(Separate sheet can be attached, if required)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Subject | Institution | Date | | | Nominated | Attended |  |
| From |  | To |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**8.** **Date of Submission of property return to the H.R. Department.** …......……………………………….

**9. Any exceptional contribution during the period of appraisal .**

|  |
| --- |
|  |

**10. In case of shortfall of expected targets of performance please state the constraints faced and reasons. Also describe the steps taken to overcome the constraints.**

|  |
| --- |
|  |

**11.Other than job assigned what contribution would you like to give towards the organization goals ?**

|  |
| --- |
|  |

**Date:**

**(Signature)**

**Name & Designation of**

**theAppraisee**

**Section-II**

**(To be filled by Reporting Officer)**

**12**. Integrity Certificate:

(12.1) The general reputation of Mr/Ms…………….......................................……. for honesty is Good and I

Certify his/her Integrity.

(12.2) The general reputation of Mr./Ms ………………………..…………………or honesty is not good and

|  |
| --- |
|  |

I withhold his/her integrity on account of the following reasons:

**Date:**

**(Signature)**

**Name & Designation of the**

**Reporting Officer**

**13. Review of Annual Work Plan for the Financial Year......................... Performa 1.1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.**  **1** | **Description of  Annual Work Plan/Objectives**  **2** | **Weightage/**  **Marks**  **3** | **TargetPlanned\*\***  **4** | | | **Target achieved (along with proof/Supporting if felt necessary)**  **5** | | **% Age Achievement**  **6** | **Marks by Reporting Officer (Objective wise)**  **7** | **Marks by Reviewing Officer (Objective wise)**  **8** |
| **Unit** | **Numbers/**  **Quantity** | **Date of Completion** | **Numbers/**  **Quantity** | **Completed on** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 | Timely submission of Annual Work Plan | 3\* |  |  |  |  |  |  |  |  |
| **Overall Marks** | | **70** |  |  |  |  |  |  |  |  |

**\*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)**

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

**(2) Reviewing Officer shall record the marks within10% overall variation with Reporting Officer.**

**Signatures along with Date & Stamp:-**

**Appraisee**

**Reporting Officer**

**Reviewing Officer**

**14. Assessment of Personal Attributes**.

**Table-B (Marks)-20**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Parameters** | **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 |  |  |  |
| **Overall Marks** | | 20 |  |  |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Initiatives** | | | **Total Marks** | **Marks by**  **Reporting**  **officer** | **Marks by**  **Reviewing**  **Officer#** |
|  |
| **Self Development** | Number(s) of Trainings/Presentation/Session nominated. |  | 05 |  |  |  |
| Number(s) of Training/Presentations/Sessions attended. |  |
| **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 |  |  |  |
| 2 | B (Personal Attributes) | 20 |  |  |  |
| 3 | C (Training & Development) | 10 |  |  |  |
|  | **Total** | **100** |  |  |  |

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

**17**. In case Apraisee gets less than 50 or more than 90 marks, due justification be given by reporting officer as under.

|  |  |
| --- | --- |
|  | |
| **(Signature)**  **Name & Designation of the**  **Reporting Officer** | | **(Signature)**  **Name & Designation of the**  **Reviewing Officer** | |

**Section-III**

**[Assessment by Accepting/Final Authority]**

**18.** Accepting/Final Authority will provide detailed & convincing reasons, if he/she gives marks more than 10% or less than-10% as compared to Reviewing officers.

|  |
| --- |
|  |

**Overall Marks given by Accepting Authority:-**

**(Out of 100 marks)**

**Date: (Signature):**

**Name of Accepting/FinalAuthority:**

**Designation:**

To be completed by HR Department

|  |
| --- |
| Received at DGM(P) Office on  Date ......................................................  Name....................................................  Signature.............................................. |

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**UJVN Limited, Dehradun**

**Annual Work Plan for the Financial Year-....................**

**(\*\*\* In case of Midterm review, effective date-.................)**

Name of the Officer- ..........................................Designation-............................................................

Place of posting-.................................................. Reporting Officer- ................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Description of  Annual Planned  Tasks/KRAs** | **TargetPlanned** | | | **Weightage/**  **Marks** |
| **Unit** | **Numbers/**  **Quantity** | **Date of Completion** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 | Timely submission of Annual Work Plan and its approval from Reporting & Reviewing Officer. |  |  |  | 3\* |
| **Overall Marks** | | | | | **70** |

**\*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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Appraisee**  Signature...................................  Name........................................  Date.......................................... | **Reporting/Controlling Officer**  Signature...............................  Name.....................................  Date....................................... | **Reviewing Officer**  Signature...........................  Name.................................  Date.................................. | Received at DGM (P) Office on  dated..........................................  Name.........................................  Signature................................... |