

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

(***) In case of Mid term review, effective date.....)

Name of the officer..... Designation.....

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

S.No.	Description of Annual Planned Tasks/KRAs	Target Planned **			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, mid term review will be done.

Appraiser

Reporting/Controlling Officer

Reviewing Officer

Signature.....

Signature.....

Signature.....

Name.....

Name.....

Name.....

Date.....

Date.....

Date.....

Received at DGM (P) Office on dated..... Name..... Signature.....
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