

Performance Appraisal Report (PAR) for Asst. Commercial Tax Officers of Commercial Tax Department

Transmission Record

Following is to be normally filled in by the Appraiser [] failing which by Reporting Authority [] / Establishment Branch []. Tick [✓] which ever is applicable												
Financial Year: _____ For the period.* from _____ to _____												
Full Name of the Officer :												
Date of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
Service to which the officer belongs:												
Designation during the period :												
Office to which posted:												
Head Quarters :												
Details of Transmission / Movement of PAR (The relevant portion will be filled in at the time of transmission of PAR by respective transmitting staff.)												
Transmission at the Appraiser level.												
Name of the Appraiser												
Designation during the period of report.												
Current Designation & Address (at the time of transmission of the PAR)												
Letter No./U.O.I. No. & / or Date by which PAR was transmitted to the Reporting Authority/office.												
Name Current designation & address of the Reporting Authority/office to whom PAR was transmitted.												
Name & designation of appraiser/staff transmitting the PAR (If given directly by appraiser write "SELF")												
Signature of the appraiser/staff transmitting the PAR												
Transmission at the Reporting Authority level[(i)First Reporting Authority/(ii)Second Reporting Authority(if any)]												
Name of the Reporting Authority	(i)											
	(ii)											
Designation during the period of report.	(i)											
	(ii)											
Current Designation & Address(at the time of transmission of the PAR)	(i)											
	(ii)											
Letter No. & Date by which PAR was transmitted to the Countersigning Authority/office.	(i)											
	(ii)											

*Appraiser will submit his Self Assessment for the period separately for each Reporting Authority during the financial year.

Name Current designation & address of the Countersigning Authority/office to whom PAR was transmitted.	(i)
	(ii)
Name & designation of staff transmitting PAR	(i)
	(ii)
Signature of the staff transmitting PAR	(i)
	(ii)
Transmission at the Countersigning Authority level [(i)First Countersigning Authority/(ii) Second Countersigning Authority (if any)]	
Name of the Countersigning Authority	(i)
	(ii)
Designation during the period of report.	(i)
	(ii)
Current Designation & Address(at the time of transmission of the PAR)	(i)
	(ii)
Letter No. & Date by which PAR was transmitted to the Accepting Authority/office.	(i)
	(ii)
Name Current designation & address of the Accepting Authority/office to whom PAR was transmitted	(i)
	(ii)
Name & designation of staff transmitting PAR	(i)
	(ii)
Signature of the staff transmitting PAR	(i)
	(ii)
Transmission at the Accepting Authority level	
Name of the Accepting Authority	
Designation during the period of report.	
Current Designation & Address(at the time of transmission of the PAR)	
Letter No. & Date by which PAR was transmitted to the PAR Unit, O/o. the C.C.T.(O), Cuttack.	
Name & designation of staff transmitting PAR	
Signature of the staff transmitting PAR	

PERFORMANCE APPRAISAL REPORT

PART-I

PERSONAL DATA

(To be filled in normally by the Appraiser []/failing which by Reporting Authority[] / Establishment branch[]. Tick[√] which ever is applicable.)

Financial Year : _____ for the period *from : to

1.Full Name of the Officer:

2. Date of Birth:

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3. Service to which the Officer belongs:

4. Designation during the period of Report:

5. Office to which posted :

6. Head Quarters :

7. Period(s) of absence (on leave, training etc., if 30 days or more). Please mention date(s) :

PART-II *(Self-Appraisal to be filled in by the Appraiser)*

1. Brief description of duties including the duties performed while in the additional charge of post(s). *(Primary duties of the job in less than 100 words)*

*Appraiser will submit his/her Self Assessment for the period separately for each Reporting Authority during the financial year.

2. Please specify the important physical/financial/qualitative targets set for yourself or that set for you and your achievement against each target. For important tasks without any set targets, a brief description of the work performed may be also given. *(Please write only in the space provided, no extra sheets are to be attached.)*

SI.No	Task	Target	Achievement	% of Achievement

3. Please indicate your special contributions, if any.
(e.g. challenging tasks or major systemic improvements.)

4. What are the factors, if any, that hindered your performance?

Signature of Appraisee:

Place:

Date

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PART-III REMARKS OF THE REPORTING AUTHORITY

1. Length of service under the Reporting Authority From To

2. Assessment of work output, attributes & functional competencies.

(This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

Item	Description	Rating	Item	Description	Rating
A Work Output			9.	Ability to plan and organise his work	
1.	Quantity of Work Output		10.	Ability to work in a team	
2.	Quality of Output		11.	Inter-personal skills	
B Personal Attributes			12.	Oral communication skills	
3	Sense of Responsibility		13.	Written communication skills	
4.	Overall bearing and personality		14.	Citizen focus	
5.	Innovativeness		15.	Leadership Qualities	
6.	Decisiveness		C Functional Competencies		
7.	Willingness to learn		16.	Subject/Sector specific knowledge	
8.	Ability to motivate and develop subordinates		17.	IT skills and competency	
			18.	Analytical ability	

3. (A) Pen Picture or General Assessment of the appraisee (not more than 100 words).

3. (B) Inadequacies, deficiencies or shortcomings including on integrity, if any (**Remarks to be treated as adverse**). Mention specific supporting facts.

4. Attitude towards ST/SC and weaker sections:

5. Integrity (*If integrity is doubtful or adverse, please write "Not Certified" in the space below and justify your remarks in box 3-B*)

6. Overall Grading (*Please sign in appropriate box*)

Outstanding
(Grade-5)

Very Good
(Grade-4)

Good
(Grade-3)

Average
(Grade-2)

Below Average*
(Grade-1)

For Overall Grading "**Below Average**", please provide justification in the Adverse box at Section 3(B) given above. For overall grading "**Outstanding**" please provide **justification** in the space below.

Signature:

Name of Reporting Authority:

Designation during the period under report:

Designation at the time of recording of remarks:

Place:

Date:

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* "Below Average" grading will be treated as adverse and should be justified at Section 3(B).

PART-IV REMARKS OF THE COUNTERSIGNING AUTHORITY

Period under Countersigning Authority :- From to

1. Indicate if you agree with the assessment made by the Reporting Authority in Section 3 A of Part-III and give your general assessment.

2. Do you agree/partially agree/disagree with **adverse remarks** if any, given by the Reporting Authority in Section 3B of Part III? Give your remarks on inadequacies, deficiencies or shortcomings including on integrity if any (**Remarks to be treated as adverse**). Mention specific supporting facts.

3. Overall Grading (*Please sign in appropriate box*)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Overall Grading “**Below Average**”, please provide justification in the Adverse box in Part-IV, Section -2 above. For overall grading “**Outstanding**”, please provide **justification** in the space below.

Signature:

Name of Countersigning Authority :

Designation during the period under report:

Designation at the time of recording of remarks:

Place :

Date: - -

* “Below Average” grading will be treated as adverse and should be justified in Part-IV, Section 2, if Reporting Authority has not already justified in Section 3(B) of Part III.

PART-V**REMARKS OF THE ACCEPTING AUTHORITY**

Signature:

Name of Accepting Authority :

Designation during the period under report:

Designation at the time of recording of remarks:

Place:

Date:

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FOR OFFICE USE BY THE PAR UNIT

[for review as well as other certificates/remarks]