

FORM A-1(b)

(Confidential)

**DAKSHIN HARYANA BIJLI VITRAN NIGAM**

(Annual Performance Appraisal Report for the officers of Engineering Wing  
of the rank of AE upto XEN)

For the period from \_\_\_\_\_ to \_\_\_\_\_

Place/Office of Posting \_\_\_\_\_

Latest Photograph of  
the officer to be  
pasted here.

**Section I – Basic Information**

Sr. No.	Particulars		
1	Name of the Officer		
2	Designation		
3	Date of Birth		
4	(a) Academic Qualification		
	(b) Technical Qualification		
5	Date of Joining in the Nigam		
6	Date of Joining to Present Rank/Post		
7	Date of Joining to Present Station/Office		
8	Departmental Exam Passed (Please Specify)		
9	Reporting, Reviewing and Accepting Authorities:-		
		Name & Designation	Period worked
	(a) Reporting Authority (i)		
	Reporting Authority (ii)		
	(b) Reviewing Authority		
(c) Accepting Authority			
10	Date of filing the property return for the previous year		
11	Date of last prescribed medical examination. (mandatory for officers above the age of 40 years) Attach summary of medical report. (Annexure – “A”)		

Date:

Signature on behalf of  
Cadre Controlling Authority \_\_\_\_\_  
(Seal)

## Section II

(To be filled in by the Officer himself)

<b>1.</b>	<b>Period of absence or leave, etc:-</b>			
	<b>(a) On Leave (specify type)</b>			
	<b>(b) Others (Specify)</b>			
<b>2.</b>	<b>Membership of Professional Bodies (if any)</b>			
<b>3.</b>	<b>Training undergone after joining the Department (in Chronological Order)</b>			
	<b>Date from</b>	<b>Date to</b>	<b>Institute</b>	<b>Subject</b>
<b>4.</b>	<b>Awards / Honors (If any)</b>			
<b>5.</b>	<b>Self Assessment Report</b>			
	<b>(a) Brief description of duties</b>			
	<b>(b) What were the targets fixed to be achieved by you?</b> (Mention 7 to 10 specific targets (bullet points))			
	<b>(c) How far you were able to achieve these targets?</b>			

	<b>(d) Reasons for short fall, if any?</b>		
	<b>(e) Additional achievements made due to your special efforts, if any</b>		
<b>6.</b>	<b>Declaration:</b>		
	<b>Have you filed your property return as due (if yes, please mention date).</b>	<b>YES/NO</b>	<b>Date:</b>
	<b>Have you undergone the prescribed medical check-up.</b>	<b>YES/NO</b>	<b>Date:</b>

Signature of Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Address \_\_\_\_\_

Date:

### Section III – Appraisal

(To be filled by Reporting Officer)

1. Please state whether you agree with the self assessment report of the officer: **YES/NO**

(If no, please give details)	
Remarks of 1 <sup>st</sup> Reporting Authority	Remarks of 2 <sup>nd</sup> Reporting Authority

2. **Assessment of Work Output** - This assessment should rate the officer in the form of Grades to be assigned on a scale of 1–10, in whole numbers, with 1 referring to the lowest grade and 10 to the best grade.

	1 <sup>st</sup> Reporting Authority	2 <sup>nd</sup> Reporting Authority	Reviewing Authority
(i) Accomplishment of targets			
(ii) Quality of outputs			
(iii) Accomplishment of exceptional work/ unforeseen tasks performed.			
<b>Overall grading on work outputs</b>			

3. **Assessment of personnel attributes** (on a scale of 1-10).

	1 <sup>st</sup> Reporting Authority	2 <sup>nd</sup> Reporting Authority	Reviewing Authority
(i) Attitude to work.			
(ii) Sense of responsibility			
(iii) Emotional stability			
(iv) Communication skills			
(v) Moral courage and willingness to take a professional stand			
(vi) Leadership qualities			
(vii) Capacity to work in time limit			
<b>Overall grading on personnel attributes</b>			

4. **Assessment of functional competency** (on a scale of 1-10)

	1 <sup>st</sup> Reporting Authority	2 <sup>nd</sup> Reporting Authority	Reviewing Authority
(i) Knowledge of Technology/ Processes/ Regulations/ Procedures/ IT skill.			
(ii) Strategic Planning ability/ innovativeness.			
(iii) Decision making ability			
(iv) Initiative			
(v) Ability to motivate and develop subordinates/ work in a team			
<b>Overall grading on functional competency</b>			

**5. Overall Grade (on a score of 1-10)**

(The overall grade will be calculated by taking average, rounded off upto two decimal places, of all the above 15 points as mentioned in Sr. No. 2,3 & 4)

Remarks of 1 <sup>st</sup> Reporting Authority	Remarks of 2 <sup>nd</sup> Reporting Authority

**6. Integrity:** Please comment on the integrity of the officer keeping in mind both his financial integrity and his moral integrity

As Assessed by 1 <sup>st</sup> Reporting Authority	As Assessed by 2 <sup>nd</sup> Reporting Authority

Signature of  
1st Reporting Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Address \_\_\_\_\_  
(Seal)

Signature of  
2<sup>nd</sup> Reporting Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Address \_\_\_\_\_  
(Seal)

**Section IV – Review**

(To be assessed by the Reviewing Authority)

1. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Section III? Do you agree with the assessment of the reporting officer in respect of extra ordinary achievements and/or significant failures of the officer reported upon?

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

Yes	No
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2. In case of difference of opinion details and reasons for the same may be given.

3. Overall Grade (on a score of 1-10) \_\_\_\_\_

Signature of Reviewing Authority \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date:

Office Address \_\_\_\_\_

**Section V – Acceptance**

1. Do you agree with the Grading/Remarks of the Reporting /Reviewing Authorities?

Yes	No
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2. In case of difference of opinion details and reasons for the same may be given.

3. Overall Grade (on a score of 1-10) \_\_\_\_\_

Signature of Accepting Authority \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Address \_\_\_\_\_

(Seal)

## Annexure-A

### DAKSHIN HARYANA BIJLI VITRAN NIGAM PROFORMA FOR HEALTH CHECKUP FOR CLASS-I & II OFFICERS

Name & Designation : \_\_\_\_\_

Office of the : \_\_\_\_\_

Age: \_\_\_\_ Years      Sex: Male/Female      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

**Brief Clinical History, if any:**

<b>1</b>	<b><u>Examination</u></b>			
	a) General Physical Examination:		b) Hearing:	
	c) Systemic Examination:		d) Vision:	
<b>2</b>	<b><u>Investigation</u></b>			
	<b>(A) <u>Hematology:</u></b>			
	a) Hb%		b) TLC	
	c) DLC		d) Peripheral Smear	
	<b>(B) <u>Biochemistry</u></b>			
	<b>(I) <u>Blood Sugar:</u></b>			
	a) F:		b) P.P:	
	<b>(II) <u>Lipid Profile</u></b>			
	a) Total Cholesterol		b) HDL Cholesterol	
	c) LDL Cholesterol		d) VLDL Cholesterol	
	e) Triglyceride Test			
	<b>(III) <u>Liver Function Test:</u></b>			
	a) Total Bilirubin		b) Direct Bilirubin	
	c) Indirect Bilirubin		d) SGOT	
	e) SGPT		f) ALK Phosphatase	
	g) S Protein		h) Albumin	
	i) Globulin Test			
	<b>(IV) <u>Kidney Function Test:</u></b>			
	a) Urea		b) Creatinine	
	c) Uric Acid		d) Electrolytes	
	e) Na <sup>+</sup>		f) K Na <sup>+</sup>	
	g) Calcium		h) Inorganic Phosphates	
	<b>(V) <u>Cardiac Profile:</u></b>			
	a) CPK		b) CK-MB	
	c) LDH			
	<b>(VI) <u>Urine:</u></b>			
	i. <b><u>Routine:</u></b>		b) Albumin	
	a) Sugar			
	ii. Microscopic			
	<b>(VII) <u>E.C.G:</u></b>			

	<b>(VIII) X-Ray Chest:</b>	
	<b>(IX) Ultra Sound Abdomen:</b>	
	<b>Physical Efficiency Test</b>	
	<b>Any other investigation</b>	

**ADVICE:**

**A. Medical Report of the Officer (copy to be attached with the APAR)**

1	Hemoglobin Level of the officer	Normal/ Low
2	Blood Sugar Level	Satisfactory/ Normal/ High/ Low
3	Cholesterol Level of the officer	Normal/ High/ Low
4	Liver Functioning	Satisfactory/ Normal/ Dysfunctioning
5	Kidney Status	Normal/ Both/ kidney not function optimally
6	Cardiac Status	Normal/ Enlarged/ Blocked/ Not Normal
7	BMI (Body Mass Index)	Underweight/ Normal/ Overweight/ Obese
8	Endurance Test	Excellent/ Normal/ Low

**B. Summary of Medical Report**

1	Physical Fitness	Excellent/ Fit/ Unfit
2	Overall Health of the officer	Excellent/ Very Good/ Good/ Average
3	Any other remarks based on the health medical check-up of the officer	
4	Whether Fit for Field Duty	Yes/No

**Date:**

**Signature of Medical Authority**  
**Designation:**



## **General guidelines for filling up the Annual Performance Appraisal Report of the Officers/ Officials of Dakshin Haryana Bijli Vitran Nigam**

### **1. INTRODUCTION**

- 1.1 The Annual Performance Appraisal Report is an important document. It provides the basic and vital inputs of further development of an officer. The officer reported upon, the Reporting Authority, Reviewing Authority and the Accepting Authority should therefore, undertake the duty of filling up the form with a high sense of responsibility.
- 1.2 Annual Performance Appraisal Report should be used as a tool for career planning and training, rather than a mere judgmental exercise. Reporting Authorities should realize that the objective is to develop an officer/ official so that he/she realizes his/her true potential. It is not meant to be a faultfinding process but a developmental tool. The Reporting Authority, the Reviewing Authority and the Accepting Authority should not shy away from reporting shortcomings in performance, attitudes or overall personality of the officer reported upon.
- 1.3 The columns should be filled with due care and attention and after devoting adequate time. Any attempt to fill the report in a casual or superficial manner will be easily discernible to the higher authorities.
- 1.4 Although the actual documentation of Annual Performance Appraisal Report is a year-end and exercise, in order that it may be a tool for human resource development, career planning and training, rather than a mere judgmental exercise, the Reporting Authority and the officer reported upon should meet during the course of the year at regular intervals to review the performance and to take necessary corrective steps.

### **2. SECTION-I**

- 2.1 This Section should be filled up in the Administration Wing Period of report could either be the entire reporting year, namely, from 1<sup>st</sup> of April to 31<sup>st</sup> March or a part of the year (exceeding 3 months). In case the period of report is a full year, it should be indicated accordingly; for example 2017-2018. In case the period of report is less than the entire year, specific start and end dated should be indicated, for example, 10<sup>th</sup> September 2017 – 31<sup>st</sup> March 2018.
- 2.2 Information on the present post (actual designation and organization) and the date from which he/she has been on his/her present post needs to be mentioned.
- 2.3 In the table relating to Departmental exam passed, the Administration Wing should fill the detail of all Departmental exam passed by the officer reported upon.
- 2.4 In the table relating to reporting, reviewing and accepting authorities the name and designation of the reporting and reviewing authorities should be mentioned so that the officer reported upon is clear about whom he/she is required to send the report.
- 2.5 This Section provided for regular annual medical examination. The health check is mandatory for all officers above the age of 40. A copy of the health check up report is to be attached to the APAR from by the Administration Wing and a copy provided to the officer concerned.

### **3. SECTION-II**

- 3.1 In the table relating to training, the officer reported upon should fill the detail of training for which he was deputed by the Department.
- 3.2 The officer reported upon is first required to give brief description of his/her duties and responsibilities.
- 3.3 There is an increased emphasis on competency building in the new Annual Performance Appraisal Report and career progression system. Hence, all officers are advised, through a note in Section II, to keep the cadre controlling authority informed, of all educational and training programs attended, including the details of marks/grades secured in such programs, details of professional papers published. Those would be taken into account in the future career progression.
- 3.4 This section also requires the officer reported upon to check the details of Section-I and if any mistakes will be observed, the correct detail should be indicated.

### **4. SECTION-III**

- 4.1 Section III requires the reporting authority(ies) and reviewing authority to comment of Section II as filled out by the officer reported upon, and specifically state whether he/ she agrees with the responses relation to the accomplishments. In case of

disagreement the reporting authority should highlight the specific portions with which he/she is do not to agree and the reasons for such disagreement.

- 4.2 The reporting authority(ies) and reviewing authority are also required to record a numerical grade in respect of work output, personal attributes and functional competencies.
- 4.3 Section III requires the reporting authority(ies) to comment on the integrity of the officer reported upon. In recording remarks with regard to integrity, he/she need not limit him/herself only to matters relation to financial integrity but could also take into account the moral and intellectual integrity of the officer reported upon.
- 4.4 Finally, the reporting authority(ies) is/are required to record an overall grade. This should also be done on a scale of 1-10, with 1 referring to the lowest grade of 10 to the highest.

**5. SECTION-IV**

This Section is to be filled up by the reviewing authority. He/she is required to indicate if he/she agrees with the assessments made by the reporting officer(s). In case of disagreement, he/she may record his/her own assessment against the work output or any of the attributes in the column specifically provided for the purpose. In case of agreement, he/she need not fill in the column meant for him/her in the attributes/work output tables.

**6. SECTION-V**

This section is to be filled by accepting authority. He/she is required to indicate if he/she agrees with the assessments made by the reporting authority/ reviewing authorities. In case of difference of opinion, he/she is required to give details and reasons for the same in the column specifically provided for the purpose in the table in Section V.

**7. NUMERICAL GRADES**

At several places, numerical grades are to be awarded by reporting and review authorities. These should be on scale of 1-10, where 1 refers to the lowest grade and 10 to the highest. It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately by way of specific failures and similarly, any grade of 9 or 10 would be justifies 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, should rate the officer against a larger population of his/her peers that may be currently working under or would have worked under in the past.

Numerical Grading equivalent to:-

9 and above	Excellent
8 to 8.99	Very Good
5 to 7.99	Good
4 to 4.99	Fair
2 to 3.99	Average
Less than 2	Poor

**8. DISCLOSURE**

There should be more openness in the system of appraisal. The annual APAR, including the overall grade and integrity, should be communicated to the officer reported upon after it has been finalized by the accepting authority.

**9. REPRESENTATION**

Any officer/ official will have a right to represent against adverse remarks given by the reporting/ reviewing/ accepting authority in the APARs.

## 10. SCHEDULE FOR COMPLETION OF APARs OF OFFICERS/ OFFICIALS

10.1 The following schedule should be strictly followed:-

Activity	Cut-off dates	
	Upto the rank of XEN	Above the rank of XEN
Blank APAR form to be given to the officer reported upon by the Administration Department, specifying the reporting officer and reviewing authority (for officers only).	30th April	31 <sup>st</sup> May
Submission of the APAR to the Reporting Authority	31 <sup>st</sup> May	30th June
Appraisal by 1 <sup>st</sup> & 2 <sup>nd</sup> reporting authority.	30th June	31 <sup>st</sup> July
Appraisal by Reviewing Authority.	31 <sup>st</sup> July	31 <sup>st</sup> August
Appraisal by accepting authority.	31 <sup>st</sup> August	30 <sup>th</sup> September
Receipt of APAR in the office of Cadre Controlling Authority/ Admn. Wing.	30 <sup>th</sup> September	31 <sup>st</sup> October
Convey the remarks to individuals by Cadre Controlling Authority.	30 <sup>th</sup> November	31 <sup>st</sup> December
Receipt of Representation against adverse remarks.	31 <sup>st</sup> December	31 <sup>st</sup> January
Decision of the competent authority	28 <sup>th</sup> February	28 <sup>th</sup> February
Finalization of complete APAR process	31 <sup>st</sup> March	31 <sup>st</sup> March

10.2 The reporting authority(ies)/ reviewing authority and assessing authority will ensure that the officer reported upon, submits the APAR within the fixed time schedule.

- 10.3 a) Channel of writing of APARs will be as per decision taken by the Nigam from time to time.
- b) In case, the officer/ official reported upon fails to prove that he has submitted the APAR to the reporting authority, adverse report will be treated for the same.
- c) In case, the officer reported upon proves that the APAR has been submitted to the reporting authority and the same is not forwarded to reviewing authority by the reporting authority, the lapse may lead to initiate disciplinary proceedings against reporting authority .

10.4 The completed APAR should reach to the Cadre Controlling Authority/Admn. Wing by 30<sup>th</sup> September/ 31<sup>st</sup> October, as the case may be. The Cadre Controlling Authority/Admn. Wing will prepare a list of APARs not received and follow up with the concerned Authorities.

10.5 The concerned Cadre Controlling Authority/Admn. Wing shall evolve a suitable mechanism to ensure that the remarks of the Reporting/Reviewing/Accepting Authorities are recorded without fail by the dates given in the schedule.

10.6 The concerned Cadre Controlling Authority/Admn. Wing will ensure to convey the remarks as recorded in the APAR to the individual officer/official by 30<sup>th</sup> November/31<sup>st</sup> December positively, as the case may be.

### 11. Revision of formats of APARs.

The Annual Performance Appraisal Reports of the officers of the Nigam are required to be written on the revised formats i.e. Form No. A-1(a) for Engineering Wing for the rank of Superintending Engineer & above, Form No. A-1(b) for Engineering Wing for the rank of AE upto Executive Engineer and Form No. A-2 for General & Accounts Wing. As per present practice, Form No. A-3, A- 4, A-5 and A-6 will continue to be used for the subordinate staff.

Detail of format of Annual Performance Appraisal Report:-

Category of Officers	Form of APAR
Superintending Engineer and above	A-1 (a) along-with proforma for health check-up report.
Assistant Engineer upto XEN	A-1 (b) along-with proforma for health check-up report.
Officers of General and Accounts Wing	A-2 along-with proforma for health check-up report.

S.E./Administration,  
DHBVN, Hisar