

**CENTRAL COUNCIL FOR RESEARCH IN
AYURVEDIC SCIENCES**

No. 61-65, Institutional Area, Opp. D Block, Janakuri, New Delhi-110058

**PROFORMA FOR ANNUAL PERFORMANCE APPRAISAL REPORTS
FOR DRIVER**

REPORT FOR THE YEAR/PERIOD ENDING.....

PART-I

1. Name of the employee :
2. Date of birth :
3. Present post with scale of pay and date of appointment thereto :
4. Period of absence from duty on leave (other than casual leave), i.e. training etc. during the year. :
5. Whether belongs to SC/ST :

PART-II (ASSESSMENT BY THE REPORTING OFFICER)

6. State of Health :

Please indicate whether:

- a) The employee is physically Energetic and
- b) Mentally alert
- c) **Punctuality:**
 - i) Very punctual and extremely regular
 - ii) Punctual but frequently remains on leave
 - iii) Unpunctual and irregular

7. **Temperament:**

- a) Is he calm and does he retain poise at times of pressure of work ?
- b) Does he get provoked easily?

8. **Quality of work :**
 - a) Excellent
 - b) Good
 - c) Average
 - d) Poor
9. **Behaviour** – Does he show proper courtesy and good manners towards all persons using the staff car?
10. Amenability to discipline
11. Does he keep the car clean and tidy
12. Technical knowledge and ability
13.
 - a) Is he capable or attending to petty repairs to the Car
 - b) Does he timely action for to get the vehicle repaired
14. Does he economical in the use of Petrol/Diesel, lubricating oil etc.
15. Does he take timely action for getting proper entries made in the log book.
16. Adherence to the Traffic Regulations and Civil laws
17. Written or oral warning given, if any (mention briefly specific cases)
18. No. of accidents, if any, in the year
 - a) Minor
 - b) Major
19. Has he been challaned for violation of traffic regulations.
20. Other observations, if any.

21. **Integrity:** (No entry should be made in this column on the basis of unconfirmed suspicion about the integrity. Where suspicion has not been verified, this column should be left blank. A separate secret note should be sent to the superior officer in case of doubtful integrity requiring verification and confirmation).

Signature of Reporting Officer

Name in Block letters

Designation

Date

Note: Assessment under column 6 to 21 should not be indicated by tick marking but should be expressed clearly in suitable words, not necessarily the ones suggested in the Performa as alternatives.

PART-III (REMARKS OF THE REVIEWING OFFICER)

22. Length of service under the reviewing officer.
23. Do you agree with the Reporting Officer in regard to his remarks as contained in Part-II of the Report? If not, indicate briefly the reasons for disagreeing with the reporting officer and the extent of your disagreement.
24. Overall assessment of Performance and qualities.

Signature of Reviewing Officer

Designation

Date

Note: The Reviewing Officer should bear in mind that the final appraisal of the employee should reflect his overall judgement on the basis of the assessment made against items 6 to 21.

PART-IV

1. *Adverse remarks communicated on _____ in respect of Columns
_____.
2. Representation received on _____.
3. Final decision taken on _____ Adverse remarks retained/
modified/expunged as
Indicated below:

Date:

Signature of the Head of Office/
Communicating Officer

*Note : Where any adverse entry is made, whether it relates to a remediable or to an irremediable defect, it should be communicated, but while doing so, the substance of the entire report including what may have been said in praise of the officer reported upon should be communicated.