



मौलाना आज़ाद राष्ट्रीय प्रौद्योगिकी संस्थान भोपाल 462003

MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY

BHOPAL 462003

FORM FOR ANNUAL PERFORMANCE APPRAISAL REPORT (APAR) OF ATTENDANTS

Report for the period :

1.	Name in full	:	
2.	Scale of pay	:	
3.	Date of Birth	:	
4.	Total Service	:	
5.	Deptt./Section to which attached	:	
6.	Educational Qualifications	:	
7.	Period of absence from duty on leave etc. during the year	:	
8.	Observation on:	:	
	i) Intelligence	:	
	ii) Energy and reliability	:	
	iii) Punctuality in attendance	:	
	iv) Behaviour	:	

	v) Amenable to discipline	:	
	vi) Knowledge and Ability	:	
9.	Has he been responsible for any outstanding Work during the period under review requiring special commendation? If so, what?	:	
10.	Has he been reprimanded for indifferent work or for any other cause? If so, brief particulars may be given.	:	
11.	Integrity (Please comment on the Integrity of the official)	:	
12.	Remarks of the Controlling Officer	:	

Note: col. 2 to 7 to be filled by Establishment Section. Column 12 to be filled up by the Controlling Officer (Registrar). Rest of the columns to be filled by the Reporting Officer.

Signature of the Reporting Officer:

Name of the Reporting Officer:

Designation of the Reporting Officer:

Department/Section:

Date: