राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
कार्यालय, महानिदेशक (कारागार)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
OFFICE OF THE DIRECTOR GENERAL (PRISONS)

कारागार मुख्यालय, निकटः
लाजवन्ती गार्डन चौक, जनकपुरी,
नई दिल्ली.110064

Prisons Headquarter,
Near: Lajwanti Garden Chowk,
Janak Puri, New Delhi-110064

Annual Performance Assessment Report

for

DY. SUPERINTENDENT

Name of Officer_____

Report for the year/period _____

Form

Annual Performance Assessment Report of Dy. Superintendent-II

Report for the year/period .....

PERSONAL DATA

PART-1 A

(To be filled by the Administrative Section concerned of

Department/Office) 1. Name of

Officer.....

2. Date of Birth (DD/MM/YYYY)...../...../.....

(in words).....

3. Date of continuous appointment to the present grade Date.....Grade.....

4. Post held and date of appointment thereto Post.....Date.....

5. Whether the official belongs to Scheduled Caste / Scheduled Tribe ?.....

6. Period of absence from duty (on training/ leave etc.)
during the year. If he has under gone training specify).....

7. Place of posting .....
(Section/Branch/Jail)

PART 1 B

1. Name and designation of the Reporting Officer :.....

2. Name and designation of the Reviewing Officer : .....

PART-2 (SELF APPRAISAL)

To be filled in by the Officer reported upon

(Please read the instructions carefully before filling the entries)

1. Brief description of duties.

2. Brief resume of the work done by you during the period from ..... to .....
(The resume to be furnished should be limited to 100 words)

Targets/Objectives/Goals	Achievements

Place_____

Date_____

Signature of the Officer reported upon

3. (A) Please state briefly the shortfalls with reference to the targets/objectives/goals referred to in item 2. Please specify constraints in achieving the targets.

(B) Please also indicate items in which there have been significantly higher achievements and your contribution thereto.

4. Please state whether the annual return on immovable property for the preceding calendar year was filed within the prescribed date i.e. 31st January of the year following the calendar year. If not, the date of filing the return should be given. (To be filled if applicable)

Place:_____

Date: _____

Signature of officer reported upon

PART-3 (ASSESSMENT BY THE REPORTING OFFICER)

Numerical grading is to be awarded for each of the attributes by reporting authority which should be on a scale of 1-10, where 1 refers to the lowest grade and 10 to the highest.
(Please read carefully the guidelines before filling the entries)

(A) Assessment of work output (weightage to this Section would be 40%)

	Numerical Grading by Reporting Authority	Revised Grades by Reviewing Authority (if does not agree with column no.2)	Initial of Reviewing Authority
(1)	(2)	(3)	(4)
i) Accomplishment of planned work/work allotted as per subjects allotted (wherever applicable).			
ii) Quality of output			
iii) Analytical Ability			
iv) Accomplishment of exceptional work/ unforeseen tasks performed			
v) Ability to motivate prisoners into positive and constructive activities.			
vi) Ability towards prison reforms & welfare activities			
vii) Ability for collection of intelligence			
viii) Ability to train, help and advise the staff/subordinate			
ix) Ability to control and manage jail			
Overall Grading on "Work Output"(Total [i to ix] / 9)			

(B) Assessment of personal attributes (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)	Initial of Reviewing Authority
i) Attitude to work			
ii) Sense of responsibility			
iii) Maintenance of Discipline			
iv) Communication skills			
v) Leadership qualities			
vi) Ability to work in team			
vii) Ability to meet deadline			
viii) Inter-personal relations			
ix) Maintenance of proper uniform			
x) General attitude towards prisoners			
xi) Attitude towards NGOs			
xii) Aptitude to solve problems			
Overall Grading on "Personal Attributes"(Total [i to xii]/12]			

(C) Assessment of functional competency (weightage to this Section would be 30%)

	Reporting Authority	Reviewing Authority (Refer Para 2 of Part-5)	Initial of Reviewing Authority
i) Knowledge of Rules/regulations /Procedures in the area of function and ability to apply them correctly			
ii) Coordination ability			
iii) Ability to motivate and develop subordinates			
iv) Initiative			
v) Decision making ability			
vi) Strategic planning ability			
Overall Grading on 'Functional Competency			

Note : The overall grading will be based on addition of the mean value of each group of indicators in proportion to weightage assigned .

PART-4 **GENERAL**

1. Relations with the public (wherever applicable)
(Please comment on the Officer's accessibilities to the public and responsiveness to their needs)

2. Training
(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the Officer)

3. State of health

4. Integrity
(Please comment on the integrity on the officer)

5. Pen Picture by Reporting Officer (in about 100 words) on the overall qualities of the officer including area of strength, and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.

6. Overall numerical grading on the basis of weightage given in Section A, B and C in Part-3 of the Report.

Signature of the Reporting Officer
Name in Block Letters:.....

Place:.....
Date:.....

Designation:.....
(During the period of Report)

PART-5 REMARKS OF THE REVIEWING OFFICER

1. Length of service under the Reviewing Officer

2. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Part-3 and Part4? Do you agree with the assessment of reporting officer in respect of extraordinary achievements/significant failures of the officer reported upon? (Ref. Part- 3(A)(iv) and Part-4(5)). [In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries.]

3. In case of disagreement please specify the reasons. Is there anything you wish to modify or add?

4 The attitude of the Reporting Officer in assessing the performance of SC / ST official.

5 Pen Picture by Reviewing Officer. Please comment (in about 100 words) on the overall qualities of the official including area of strengths and lesser strength and his attitude towards weaker sections.

6 Overall numerical grading on the basis of weightage given in Section-A, Section-B and Section-C in Part-3 of the Report.

Signature of the Reviewing Officer Name in Block Letters:.....

Place:.....

Designation:.....

Date:.....

(During the period of Report)