No. AN/IV/1187/1189/APAR/2019-20

To:

The Officer in-charge

(i) All Sections in Main Office

(ii) All AO offices

Subject: Annual Performance Assessment Report (APARs) for the year 2019-20: writing of

The APARs are to be initiated online (AAOs, Sr Adrs, Adrs) and manually (other officials) for the year 2019-20. The Nominal Rolls in respect of all the officials up to the level of AAOs and staff including MTS who are on the strength of your office/section as on 01.01.2020 (including temporary attachment with period of attachment), may please be forwarded to this office/Section alongwith the details filled in the enclosed Annexure ‘A’ (for AAOs, Sr Adrs, Adrs) and Annexure ‘B’ (in r/o other officials).

2. The above information may please be furnished by name to Shri N. C. Dogra, Sr. AO (AN) by 31.01.2020 positively. It is stressed upon that adequate care be exercised in the completion of each of the column in the proforma attached to this circular (no column should be left blank).

3. It is requested that a soft copy may also be sent through email at the NIC email id of AN–IV.

NIC Mail : pcdawcan4.dad@hub.nic.in

Please acknowledge receipt.

Encls. : As above

Copy to:

IT&S Cell (Local) : For uploading this circular on the website.
Proforma for initiation of APAR 2019-2020

| Sl. No | Name of the official | Designation, Account Number | Date of birth (DD/MM/YYYY) | Present Office / Section (with Joining Date) | Office/Section : Joining Date : | NIC E-mail id | Category | Date of continuous appt. in present grade & Level of Pay | Present Grade with Date : Level of Pay : | Training programme(s) attended during period, if any | From........................ To........................ | Institute .................................................. | Subject .................................................. | Details of leave availed during the period (Please attach the proforma if no. of spells are more than 5) |
|--------|----------------------|-----------------------------|-----------------------------|-----------------------------------------------|---------------------------------|---------------|----------|------------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Nature of leave</th>
<th>No of days</th>
<th>Period</th>
<th>Pre/ Post</th>
<th>Post sanction on MC</th>
<th>Post sanction on PA</th>
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Summary of Leave

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<th>Nature</th>
<th>Spells</th>
<th>Days</th>
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</thead>
</table>
a) Pre Sanctioned | | |
b) Post Sanctioned on MC | | |
c) Post Sanctioned on PA | | |

10 Reporting Officer (Name,Desig, A/c)

Period of Reporting From........................ To........................

11 Reviewing Officer (Name,Desig, A/c)

Period of Reviewing From........................ To........................

12 Accepting Officer (Name,Desig, A/c)

Period of Accepting From........................ To........................

13 Mobile Number of official

The information furnished above is correct.

The information furnished above is verified with the records available in the section/office.

(SIGNATURE OF THE OFFICIAL WITH DATE) (SIGNATURE OF THE AAO/AO/SAO WITH DATE)