**Form – V**

**FORMAT OF ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FOR TRAINING/STUDY LEAVE**

Annual Performance Assessment Report from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Basic Information:**

|  |  |
| --- | --- |
| 1. Name of the Official |  |
| 2. Service/Department |  |
| 3. Date of Birth |  |
| 4. Date of entry into Government Service |  |
| 5. Grade/Post (During the period of report) |  |
| 6. Date of appointment to the present post |  |

**B. Training Details**:

|  |  |
| --- | --- |
| 1. Course |  |
| 2. Institution |  |
| 3. Duration |  |

Enclose copies of Degree/Certificate/Diploma/Evaluation obtained during the training if any.

**C. Self Assessment:**

|  |
| --- |
|  |

**Date: Signature of the officer reported upon**

**D. Assessment by the Reporting Authority**

Please comments on the overall qualities of the officer:

|  |
| --- |
|  |

Performance in the training:

|  |
| --- |
|  |

**Date: Signature of the Reporting Authority**

**(with seal)**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(During the period of report)**

**E. Assessment by the Reviewing Authority**

|  |  |
| --- | --- |
| Yes | No |

Do you agree with the remarks of the reporting authority?

In case of difference of opinion, details and reasons for the same may be given**.**

|  |
| --- |
|  |

**Date: Signature of Reviewing Authority**

**(with seal)**