

Government of Orissa
General Administration (S.E) Department

No. 20 ce /S.E., Bhubaneswar Dated. 2-01-2010

From

Shri U. N. Behera, IAS
Special Secretary to Government.

To

All Secretaries to Government/
All Heads of Department/
All Revenue Divisional Commissioners/
All Collectors

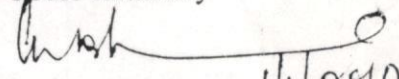
Sub: Modification of Performance Appraisal Report(PAR) format for Group-A and B officers of State Government.

Sir,

I am directed to say that Government after careful consideration have been pleased to modify the PAR Format for recording remarks on the work of all Group-A and B officers of State Government. Accordingly the modified PAR Format shall substitute the PAR Format prescribed in Annexure-A of the Guidelines for recording and maintenance of PARs of Group- 'A' officers of the Government and Guidelines for recording and maintenance of PARs of Group- 'B' officers of the Government, which were issued vide G.A.(SE) Department Memo No. 1199/PRO dated 26/04/2006 and Memo No.2000/PRO dated 26/04/2006 respectively. A copy of the modified PAR Format is enclosed for reference.

2. The modified PAR Format has been placed in the General Administration Department web site for use of all concerned.
3. The modified PAR Format shall be applicable from the year 2009-10 onwards.
4. PARs for the year 2009-10 onwards shall be accepted only in the modified PAR Format.
5. The words "box 3b" occurring in Para 10(i) of the Guidelines for recording and maintenance of PARs of Group- 'A' officers of the Government and Guidelines for recording and maintenance of PARs of Group- 'B' officers of the Government, which were issued vide G.A.(SE) Department Memo No. 1199/PRO dated 26/04/2006 and Memo No.2000/PRO dated 26/04/2006 respectively have been substituted by the words "box 4".
6. The word "only" occurring first in the sentence " It is pointed out that only remarks recorded in the space prescribed in the PAR for such recording of adverse remarks will only be treated as adverse" in the Para 12(i) of the above mentioned Guidelines has been deleted.
7. This may be brought to the notice of all concerned under your administrative control for information and necessary action..

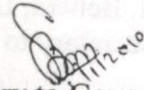
Yours faithfully


Special Secretary to Government 11/1/2010

Memo No. 21 /SE

Dated. 2-01-2010


Copy along with copy of modified PAR Format forwarded to the Private Secretary to Chief Minister, Orissa/ Private Secretary to all Ministers for information of Hon'ble Chief Minister/ Hon'ble Ministers.


Joint Secretary to Government

Memo No. 22 /SE

Dated. 2-01-2010


Copy along with copy of modified PAR Format forwarded to the Private Secretary to Chief Secretary, Orissa/ Private Secretary to Development Commissioner, Orissa/ Private Secretary to Agriculture Production Commissioner, Orissa/ Private Secretary to Member, Board of Revenue, Orissa/ Private Secretary to Chief Administrator, K.B.K., Orissa/ Director General, (TC), G.A.A., Bhubaneswar for kind information of the Chief Secretary, Development Commissioner, Agriculture Production Commissioner, Member, Board of Revenue, Chief Administrator, K.B.K.


Joint Secretary to Government

Memo No. 23 /SE

Dated. 2-01-2010

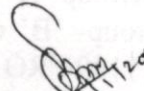
Copy along with copy of modified PAR Format forwarded to the Private Secretary to Special Secretary, General Administration Department, for kind information of the Special Secretary.


Joint Secretary to Government

Memo No. 24 /SE

Dated. 2-01-2010


Copy along with copy of modified PAR Format forwarded to the P.A.R. cell of all Departments/Heads of Departments for information and necessary action.


Joint Secretary to Government

Memo No. 25 /SE

Dated. 2-01-2010

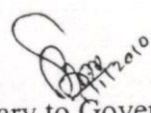
Copy along with copy of modified PAR Format forwarded to Director, G.A.A., Bhubaneswar/ Chairman, O.P.S.C., Cuttack/ Chairman, O.S.S.C., Bhubaneswar/ Registrar of Orissa Administrative Tribunals for information and necessary action.


Joint Secretary to Government

Memo No. 26 (e) /SE

Dated. 2-01-2010

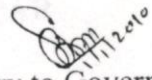
Copy along with copy of modified PAR Format forwarded to the all Addl. Secretaries/ Joint Secretaries/ Deputy Secretaries/ Under Secretaries/ Desk officers/ Section Officers of General Administration Department/ All A.S.Os of General Administration (SE) Department for information and necessary action.


Joint Secretary to Government

Memo No. 27 (e) /SE

Dated. 2-01-2010


5(Five) Copies along with copy of modified PAR Format forwarded to the Library of General Administration Department for information and necessary action.


Joint Secretary to Government

Memo No. 28 (e) /SE

Dated. 2-01-2010


20(Twenty) spare copies for Guard files


Joint Secretary to Government

Memo No. 29 (e) /SE

Dated 2-01-2010

Copy along with copy of modified PAR Format forwarded to the Head State Portal, Department of I.T., Secretariat campus, Bhubaneswar for information and necessary action.


Joint Secretary to Government

Performance Appraisal Report (PAR) for Group 'A' & 'B' officers of Govt. of Orissa

Transmission Record

(To be filled in by Appraisee)

Financial Year..... (for the period from..... to

Name & Designation of the Officer Reported Upon.....

Service and Group (A/B) to which the Officer belongs.....

Details of Transmission / Movement of PAR

(To be filled in at the time of transmission
by respective officer/staff)

Transmission by	Transmitted to whom (Name, Designation & Address)	Letter No & Date of Transmission	Signature of Officer/Staff Transmitting the PAR
Appraisee			
Reporting Authority			
Reviewing Authority			
Accepting Authority			

PERFORMANCE APPRAISAL REPORT

for
Group 'A' & Group 'B' Officers of Govt. of Orissa.

Report for the financial year _____

(Period from _____ to _____)

PERSONAL DATA

(To be filled in by the Appraisee)

PART-I

1. Full Name of the Officer: _____
2. Date of Birth: _____
3. Service to which the Officer belongs: _____
4. Group to which the Officer belongs (A or B): _____
5. Designation during the period of Report: _____
6. Office to which posted with Head Quarters: _____
7. Period(s) of absence (on leave, training etc., if 30 days or more). Please mention date(s) : _____
8. Name & Designation of the Reporting Authority and period worked under him/her : _____
From _____ to _____
9. Name & Designation of the Reviewing Authority and period worked under him/ her : _____
From _____ to _____
10. Name & Designation of the Accepting Authority and period worked under him/her : _____
From _____ to _____

Signature of the Appraisee

PART-II **SELF-APPRAISAL**

(To be filled in by the Appraisee)

1. Brief description of duties/tasks entrusted.(in about 100 words)

Description	Rating	Comments

2. Physical/Financial Targets & Achievements

Sl.No	Task	Target	Achievement	% of Achievement

3. Significant work, if any, done

Place _____ Date _____

Signature of Appraisee

PART-III REMARKS OF THE REPORTING AUTHORITY

1. (a) Name of the Officer Reported Upon:

(b) Period of report : From ___ / ___ / ___ to ___ / ___ / ___

2. **Assessment of work output, attributes & functional competencies.** (This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

Description	Rating	Description	Rating
(a) Attitude to work :		(f) Co-ordination ability:	
(b) Sense of responsibility:		(g) Ability to work in a team.	
(c) Communication skill :		(h) Knowledge of Rules/Procedures/ IT Skills/ Relevant Subject::	
(d) Leadership Qualities :		(i) Initiative :	
(e) Decision-making ability :		(j) Quality of Work :	

3. **General Assessment** (Please give an overall assessment of the officer including his/her attitude towards S.T/S.C/Weaker Sections & relation with public):

4. Inadequacies, deficiencies or shortcomings, if any (Remarks to be treated as adverse)

5. **Integrity** (If integrity is doubtful or adverse please write "Not certified" in the space below and justify your remarks in box 4 above)

6. Overall Grading (Please sign in appropriate box)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Overall Grading "Below Average" / "Outstanding" please provide justification in the space below.

Name of Reporting Authority:

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

Place :

Date

		-			-				
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PART-IV**REMARKS OF THE REVIEWING AUTHORITY**

Name of the Officer Reported Upon: _____

Period of report : From ____/____/____ to ____/____/____

1. Please Indicate if you agree with the general assessment/ adverse remarks/ overall grading made by the Reporting Authority, and give your assessment.

2. Overall Grading (Please sign in appropriate box)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Reviewing Authority _____

Signature _____

Designation during the period under report: _____

Designation at the time of recording of remarks: _____

Place: _____

Date: _____

* "Below Average" grading will be treated as adverse and should be justified, if Reporting Authority has not already justified

PART-V**REMARKS OF THE ACCEPTING AUTHORITY**

Period of report : From ____/____/____ to ____/____/____

Name of Accepting Authority : _____

Signature _____

Designation during the period under report: _____

Designation at the time of recording of remarks: _____

Place : _____

Date: _____

FOR OFFICE USE BY THE PAR BRANCH

[For review as well as other certificates/remarks]