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THE JUTE CORPORATION OF INDIA LTD. (A Govt. of India Enterprise)

ANNUAL PERFORMANCE REPORT

EMP. ID : _____

Name of Officer :

Designation:

Date of Birth :

Report for the year / Period ending :

PERFORMANCE & POTENTIAL APPRAISAL FORM OF EXECUTIVES BELOW DEPUTY MANAGER LEVEL

FOR THE PERIOD / YEAR ENDING:

1) **Personal Data:** (*To be filled in by the Appraise / Personnel Department*)

Name:

Employee ID: _____

Designation:_____

Date of Retirement:

Posted at:

2) Qualification (Academic & Professional)

Date of Joining:	
Date of Birth:	

3)	Additional qualification(s) acquired/course(s) attended during the year	ar

Note: Copies of testimonials to support additional qualifications acquired/courses attended during the year

:

4) Period of absence from duty on leave, training etc. during the year.

i) On leave (other than the Casual Leave) or other reasons:

Nature of leave	From	То	Reasons
a)			
b)			
c)			
d)			
e)			

ii) On training

Course attended	From	То	Name of the Training Centre/Institution
a)			
b)			
c)			

5) Brief description of duties and responsibilities

Emp. ID:

Period:

6) Achievements

Please specify Functional Responsibilities / Assignments vis-à-vis major Achievements for the

year under review (i.e.____)

Functional Responsibilities / Assignments	Achievement

7) Please indicate significantly higher achievements, if any, in relation to the responsibilities indicated under item 6 above and your contribution thereto.

:

8) Please state briefly the shortfalls, if any, with reference to the responsibilities referred to under item 6 hereinbefore. Also please specify the constraints, if any, non-achieving the assignments.

9) Please state whether the annual return on immovable property for the prescribed calendar year was filed within the prescribed date. If not, that date of filing the return should be given.

PERFORMANCE YEAR END PERFORMANCE REVIEW

The KPAs and measures after incorporating changes, if required, will be recast from the item 6 (responsibilities) and year-end review will be carried out.

Key Performance Areas	Measures/ Indicators	Max. Marks	nent se	Mar Awar		Signature of the Reviewing
			Actual Achievement Given by Appraise	By Reporting Officer	By Reviewing Officer	Officer
1						
2						
3						
4						
5						
6						
TOTAL						

Total Performance marks for the year - (Prorated to total marks of 100) Total marks obtained x 100 Total maximum marks

Signature of Appraisee

Signature of Reporting Officer

Signature of Reviewing Officer

* The column 'Marks Awarded' will be filled only by the Appraiser

Emp. ID:

Period:

Appraiser's comments on Potential Suitability

The Appraiser will indicate suitability of the Apraisee for higher positions or horizontal movement in different functions/Organizations and/or suitability for any specific or particular Sector or further continuance, and also the Appraisee's **"State of Health"** and **"Integrity"**

Signature

PERFORMANCE AND POTENTIAL PROFILE

Overall Grading * (A+, A, B+, B, C)

Date: _____

Signature of Reporting Officer

Name:______

Designation:

* 85% & above ... Outstanding (A+), 75% - Less than 85% ... Very Good (A), 65% - Less than 75% ... Good (B+), 50% - Less than 65% ... Average (B) and Below 50% ... Below Average (C)

REMARKS OF THE REVIEWING OFFICER

1.	Length of service under the Reviewing Officer	
2.	Is the Reviewing Officer satisfied that the Reporting authority has made his/her evaluation report with due	
	care and attention and after taking into account all the relevant material?	
3.	Does the Reviewing Officer agree with the assessment of the Officer given by the Reporting authority? Is there anything the Reviewing authority wishes to modify or add? (<i>Reasons be specified in case of disagreement</i>)	
4.	General remarks with specific comments about the general remarks given by the Reporting authority and	
4.	remarks about meritorious work of the Officer including grading	
5.	 i) Fit ii) Not yet fit (if so, give reasons) iii) Unfit 	
6.	Has the Officer any special characteristics, and/or any abilities, which would justify his/her selection for special assignment or out of turn promotion? If so, please specify	
7.	Please specify the particulars of adverse remarks, if any, conveyed to the reported Officer. If so, a copy of the	
	letter, communicating the said remarks, be attached with the ACR for record and reference.	
8.	Overall Grading *	
5.	(A+, A, B+, B, C)	

Date: _____

Signature of Reviewing Officer

Name:______

Designation: _____

* 85% & above ... Outstanding (A+), 75% - Less than 85% ... Very Good (A), 65% - Less than 75% ... Good (B+), 50% - Less than 65% ... Average (B) and Below 50% ... Below Average (C)

Name of the Officer:		Emp. ID:	Period:
Comments o	f Accepting Au	thority	
Date:	Si	gnature of Accepting Offi	cer
	Nama		
	Designation:		

Space for Administrative Use

Emp. ID:

Period:

Brief of job experience and major achievements in last two years prior to the year of review (e.g., if the APR is for FY 2015-16 then, furnish here below the above sought information for FY 2013-14 and FY 2014-15)

Year (20) :	
Year (20) :	
1 cm (20).	
	Cionoturo
Date:	Signature
	Name
	Designation
Remarks of Reporting Officer	