

Annual Performance Report for the period from 

Date	Month	Year

 to 

Date	Month	Year

*(for the purpose of granting Annual Increment, Special Increment and Promotion)*

## Part – I

*(To be filled in by the employee)*

1. Name of Applicant (in Block Letters): .....

2. Employee ID

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3. Department: ..... Designation: .....

4. Educational Qualifications:

Name of the Examination	Board / University	Result	Passing Year
a.S.S.C / O Level			
b.H.S.C / A Level			
c.Bachelor of			
d.Master of			
e.M.Phil/Ph.D.			
f.Other qualifications (if any):			

5. Employment Record: (Starting from present one)

Designation	Organization	Duration (d/mm/yyyy to d/mm/yyyy)
		to
		to
		to
		to

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the employee

## Part – II

(To be filled in by the Dean//Registrar/ Deputy Registrar)

Please put your initial in the appropriate column/boxes: Numerical evaluation would be in the following order:

**5 - Very good, 4 - Good, 3 - Satisfactory, 2 - Poor, 1 - Very Poor**

SL No.	Criteria	5	4	3	2	1	Total
1	Sense of responsibility						
2	Punctuality						
3	Regularity						
4	Behavior						
5	Motivation in job						
6	Commitment to EU						
7	Honesty						
8	Team work and cooperation with colleagues						
9	Capacity to motivate colleagues						
10	Initiative						
11	Quality of work						
12	Planning & organizing capability (if applicable)						
13	Supervising Capability (if applicable)						
14	Decision making Capability (if applicable)						
<b>Total</b>							
<b>Average</b>							

Pen picture: .....

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.....

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the  
Dean/ Registrar/Controller/Deputy  
Registrar/Deputy Director/Deputy Librarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of concerned officials

**Part – III**

**Recommendation**

**(Please put your initial in the appropriate box)**

a. Eligible for annual increment due on	<div></div>
b. Eligible for special increments from	<div></div>
c. Not eligible for any annual increment	<div></div>
d. Eligible for promotion	<div></div>
e. Recently promoted: Time not yet appropriate for evaluation	<div></div>
f. Not eligible for promotion	<div></div>

\_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the  
Registrar

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**Part – IV**

*(Remarks of the Countersigning Officer)*

I consider that the evaluation of the reporting officer is acceptable/not acceptable. I have the following comments to add and I recommend/do not recommend the candidate for annual increment/promotion.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Vice Chancellor