

**GOVERNMENT OF HIMACHAL PRADESH
INSTITUTE OF PUBLIC ADMINISTRATION
SHIMLA-171012**

**FORM OF CONFIDENTIAL REPORT OF ASSOCIATE/ ASSISTANT
PROFESSOR /DEPUTY/ASSISTANT DIRECTORS (FACULTY MEMBERS)**

Report for the year/period ending _____

1.	Name of the officer	
2.	Date of birth	
3.	Designation	
4.	Date of continuous appointment to the present grade	
5.	Qualifications	
	1) Academic	
	2) Professional	
6.	Present pay scale	
7.	Period of absence from duty, on leave, training etc, during the year	
8.	Any other assignment in addition to teaching	

PART- II – Self Appraisal

1.	Brief resume bringing out any significant achievement during the period under report	
2.	Have you completed the training programmes and covered the topics concerning to your subject	
3.	Number of working schedules prepared during the year	
4.	Number of sessions taken during the year	
5.	In how many training programmes you were associated during the year	
6.	Number of courses in which you were the Course Director	
7.	Number of tests conducted	
8.	Are you doing any research work, if yes, give a brief resume	
9.	Have you published any research paper/article ? If yes, give title, year, month, No. and volume, edition and address of the Journal.	
10.	Number of background papers prepared and circulated among the trainees.	
11.	Did you participate in any Seminar/ Workshop/Course during the year.	
12.	Interaction with trainees outside Class Room environment.	

Signature_____

Name_____

Designation_____

Date_____

PART – III – ASSESSMENT BY REPORTING OFFICER

NOTE:- Assessment in this part should not be indicated by tick marking but should be clearly expressed in suitable words.

1.	Do you agree with the resume of work as indicted by the officer in Part-II of the report and in particular regarding the special achievement, if any, mentioned by the faculty member, if not, indicate briefly the reasons for disagreeing with it and the extent of disagreement.	
2.	State of Health (Please indicate whether)	
	i. The officer is energetic ii. Mentally alert iii. Physically sound	
3.	Attitude of the officer towards SC/ST	
4.	General Resume	
5.	Integrity	
	i. Nothing has come to my knowledge which costs any reflection on his integrity. His general reputation for honesty is good and I certify his integrity.	
	ii. His reputation is of doubtful nature.	
	iii. He is yet to establish his reputation.	

Signature of the Reporting Officer_____

Name_____

Designation_____

Date_____

PART – IV – Remarks of the Reviewing/Accepting Officer

1.	Period of Service under the Reviewing Officer :	
2.	Do you agree with the Reporting Officer in the resume of the work done by the officer as contained in Part – III of the report? If not, indicate briefly the reasons for disagreeing with the reporting officer and extent of your disagreement.	
3.	Overall assessment of performance and qualities	
4.	Has the officer any special characteristic and/or any outstanding merits of abilities which would justify his advancement and appointment out of turn ? If so mention these characteristics briefly.	

Signature of the Reviewing/Accepting Officer_____

Name_____

Designation_____

Date_____