

**ASSESSMENT FORM FOR THE TECHNICAL PERSONNEL
(CATEGORY D) OF THE ICAR**

(To be completed by the concerned Estt. Division)

1	Reported Period	:	
2	Name	:	
3	Date of birth	:	
4	Designation	:	
5	Present grade and scale of pay	:	
6	Date of entry into service	:	
7	Date of continuous appointment to the present grade	:	
8	Period of absence from duty, on leave, training, health etc. during the period under report	:	
9	Academic/Professional Qualifications (underline any qualifications obtained during the period under report.	:	

PART I

(To be filled in by the Reviewee)

Please furnish the following information

10. Educational career

	Certificate/Diploma/Degree	Class/Grade	University/Board/Institute
(i)			
(ii)			
(iii)			
(iv)			

11. Additional qualifications/training acquired during the period under review.

12. Employment record for last five/ten year ending starting with your present post, list in reverse order every employment you have had.

Name of employing organization	Designation	Salary/ Scale of pay	Date of joining	Date of leaving

Signature of Reviewee
Name
Designation

Date: _____

PART - II
(To be filled by the Reviewer)

1. Is the information provided by the reviewee is correct to the best of your knowledge ?

2. Please give a resume of the work done by the reviewee during the **last five / ten years ending on.....** in relation to tasks assigned to him/her.

(Furnished in Annexure)

3. Please comment on reviewee's
 - a) Amenability to discipline
 - b) Punctuality
 - c) Integrity
4. Recommendations of the reviewer

Signature
Name
(In Block letters
Designation

Date: _____

PART III

Remarks of Head of Division/Research Station/Project (if he/she is not the reviewer)

Signature
Name
(In Block letters)
Designation

Date

PART IV

Recommendations of the Director (in case of employees of the Institute) / Secretary, ICAR (in case of employees of the ICAR headquarters and/or the centrally administered programmes).

Signature
Name
(In Block letters)
Designation

Date