

MOST IMMEDIATE

No. 22/12/2009-CS.I(CR)
Government of India
Ministry of Personnel, Public Grievances and Pensions
(Department of Personnel and Training)

Lok Nayak Bhawan, Khan Mkt.
New Delhi, 27th July, 2011

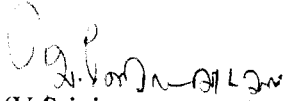
OFFICE MEMORANDUM

Subject:- Maintenance and preparation of Annual Performance Appraisal Report of CSS Officers.

The undersigned is directed to say that during the training on APAR monitoring of CSS officers organized by this Deptt. on 26th July, 2011, Nodal officers of Ministry's/Deptts have stated about the problems of capturing the data for different stages/steps involved in completion of APARs in the monitoring software. In this regard attention of all the Ministries/Departments/Cadre Authorities of CSS is invited to this Department's O.M. of even number dated 3rd February, 2010 inter-alia forwarding therewith format of acknowledgement slips that will help in capturing data at various stages of completion of APARs. The O.M. is also available on the Departments website:-

persmin.nic.in → DOPT → Central Secretariat → CSS → ACRs → General Instructions

A copy of the acknowledgement slips to be provided with the APAR Format is enclosed for ready reference for use of Mins/Deptts.


(V. Srinivasaragavan)

Under Secretary to the Government of India
Tele: 24629412

All Ministries/Departments of Government of India
Nodal officers for APAR)

(SLIP-A)

Ministry/Deptt.

(To be filled by the Officer reported upon)

I _____ Designation _____ have submitted my APAR form for the period/year _____ to the Reporting Officer, namely, Shri/Ms. _____ Designation _____ (Tele _____) on _____ after completing Part-II of the APAR Form.

Signature: _____
Name: _____
Designation: _____
Division/Section: _____
Tele No.: _____
Date: _____

APAR Cell

(SLIP-B)

Ministry/Deptt.

(To be filled by the Reporting Officer)

The undersigned has forwarded the APAR of Shri/Ms. _____ Designation _____ for the period/year _____ to the Reviewing Officer, namely, Shri/Ms. _____ Designation _____ on _____ after recording my comments as Reporting Officer.

Signature: _____
Name: _____
Designation: _____
Tele No.: _____
Date: _____

APAR Cell

(SLIP-C)

Ministry/Deptt.

(To be filled by the Reviewing Officer)

APAR of Shri/Ms. _____ Designation _____ for the period/year _____ duly reported upon by the Reporting Officer and reviewed by the undersigned is forwarded herewith.

Signature: _____
Name: _____
Designation: _____
Tele No.: _____
Date: _____