

राष्ट्रीय वैक्टर जनित रोग नियंत्रण केंद्र  
**NATIONAL CENTER FOR VECTOR BORNE DISEASE CONTROL**  
(स्वा.सेवा महानिदेशालय) स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, 22,शाम नाथ मार्ग, दिल्ली-110054  
Dte. GHS, MoH&FW, 22, Sham Nath Marg, Delhi-110054

प्रपत्र / **Form**  
वार्षिक कार्य निष्पादन मुल्यांकन रिपोर्ट  
**Annual Performance Appraisal Report**  
चालक सह मैकेनिक/ वाहन चालक  
**Driver-cum- Mechanic/Driver**

वर्ष/अवधि ..... से ..... की रिपोर्ट  
**Report for the year/period ..... to .....**

व्यक्तिगत आंगडें  
**Personal Data**

भाग - 1

विभाग/कार्यालय के संबंधित प्रशासनिक अनुभाग द्वारा भरा जाना है

**Part - 1**

**(To be filled by the Administrative Section concerned of the Department/Office)**

1.	अधिकारी का नाम <b>Name of Officer</b>	
2.	जन्मतिथि <b>Date of Birth</b>	
3.	धारित पद <b>Designation of Post held</b>	
4.	क्या अधिकारी अनुसूचित जाति/जनजाति का है <b>Whether the officer belongs to SC/St?</b>	
5.	वर्तमान लेवल में सतत् नियुक्ति की तारीख <b>Date of continuous appointment in the Present level (date &amp; level)</b>	
6.	अनुभाग/विभाग <b>Section / Division</b>	
7.	वर्ष के दौरान छुट्टी प्रशिक्षण इत्यादि के कारण ड्यूटी से अनुपस्थिति की अवधि <b>Period of absence from duty on leave, Training, etc. during the year</b>	

**PART-II****ASSESSMENT OF THE REPORTING OFFICER****1. OBSERVATION ON**

1.	Intelligence	:	
2.	Energy and reliability	:	
3.	Punctual attendance	:	
4.	Is he careful and conscientious?	:	
5.	Behaviour – Does he show proper courtesy and good manners towards all persons using the staff car?	:	
6.	Amenability discipline.	:	
7.	Technical knowledge all ability.	:	
8.	Does he keep the car clean and tidy?	:	
9.	Is he capable of attending to petty repairs to the car?	:	
10.	Is he economical in the use of petrol, lubricating oil etc?	:	
11.	Does he take timely action for getting proper entries made in the logbook>	:	
12.	Adherence to the traffic Regulations and Civil laws.	:	
13.	Number of accidents, if any. a) Minor b) Major	:	
14.	Assessment of integrity (if nothing adverse has come to your notice, please specify it also.	:	
15.	Has he been responsible for any outstanding work during the period under review meriting special commendations? If so, brief particulars may be given.	:	
16.	Has he been reprimanded for indifferent work for other causes? If so, brief particulars may be given.	:	
17.	Effectiveness in the development and protection of Scheduled Castes and or Scheduled Tribes:- a) Attitude towards SCs/STs. b) Sensitivity to social justice c) Ability to take quick and effective action to prevent and quell atrocities and ensure justice to SCs/STs d) Effectiveness in bringing about the development of SCs/STs-	:	

Signature of the Reporting Officer

Place:-

Name in Block Letters:-\_\_\_\_\_

Date :-

Designation during the period of report:-\_\_\_\_\_

**Part-III**

Remarks if any by Reviewing Officer

Signature of the Reviewing Officer

Name in Block Letters:-\_\_\_\_\_

Designation during the period of report:-\_\_\_\_\_

Place:-

Date:-