<u>ई—मेल / तिथि बद्ध</u> कमांक / 3058 - 13188 गोपनीय शाखा / प्रेषक

दिनांक 04/04/2024

महानिदेशक, पशुपालन एंव डेयरी विभाग, हरियाणा, पंचकुला।

प्रेषित

सभी आदान तथा संवितरण अधिकारी, पशुपालन एवं डेयरिंग विभाग, हरियाणा राज्य ।

विषय:- अधिकारियों / कर्मचारियों के <u>वर्ष 2023-24</u> के वार्षिक गोपनीय कथन लिखने बारे। यादी:

उपरोक्त वर्णित विषय के सम्बन्ध में अधिकारियों / कर्मचारियों के वर्ष 2023-24 के गोपनीय कथन लिखने सम्बन्धित प्रफॉमा तथा स्व-मूल्यांकन विवरण प्रफॉमा (ACR Performa & Self-Appraisal Performa) साथ संलग्न करते हुए निर्देश दिये जाते हैं कि आपके अधीन कार्यरत अधिकारियों / कर्मचारियों के वर्ष 2023-24 के गोपनीय कथन निम्न हिदायतों अनुसार लिखते हुए अपनी टिप्पणी सहित दिनांक 10-4-2024 तक निदेशालय को भिजवाना सुनिश्चित करें:-

- 1— श्रेणी—1 अधिकारियों (संयुक्त निदेशक, उपनिदेशक, उपमण्डल अधिकारी व समकक्ष अधिकारियों) के गोपनीय कथन उनकी सैल्फ अप्रैजल सहित डॉ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को निर्धारित तिथि 10.04.2024 तक भेजना सुनिश्चित करें।
- 2— अधीनस्थ कार्यालयों में कार्यरत पशु चिकित्सकों के गोपनीय कथन सैल्फ अप्रैजल सहित सम्बन्धित अधिकारियों द्वारा इनीशिएट करके अपनी टिप्पणी सहित डाँ० सुखदेव राठी, उपनिदेशक (ए०डब्लयू) निदेशालय के नाम से उपरोक्त निर्धारित तिथि तक भेजना सुनिश्चित करें तािक तदोपरांत प्राप्त गोपनीय कथन डाँ० पुनीता गहलावत, संयुक्त निदेशक, निदेशालय पशुपालन एवं डेयरिंग विभाग, हरियाणा, पंचकूला के माध्यम से डाँ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को स्वीकार्य हेतु प्रस्तुत किये जा सकें तथा निदेशालय में कार्यरत पशु चिकित्सकों के गोपनीय कथन सैल्फ अप्रैजल सहित उपनिदेशक स्तर के अधिकारी जिनके साथ सम्बन्धित पशु चिकित्सक कार्यरत रहें हैं द्वारा इनीशिएट करके उपनिदेशक (ए०डब्लयू) के नाम से निर्धारित तिथि से पूर्व मिजवाना सुनिश्चित करें तािक उन द्वारा प्रति हस्ताक्षर करके सम्बन्धित गोपनीय कथन डाँ० पुनीता गहलावत, संयुक्त निदेशक, निदेशालय पशुपालन एवं डेयरिंग, हरियाणा, पंचकूला के माध्यम से डाँ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को अन्तिम राय हेतु निर्धारित तिथि तक भेजना सुनिश्चित करें।
- 3— अधीनस्थ कार्यालय में कार्यरत श्रेणी—ाा कर्मचारियों (लिपिक, स्टैनों तथा चालकों को छोड़कर) के गोपनीय कथन सम्बन्धित अधिकारियों द्वारा इनीशिएट करके डाँ० राजेन्द्र सिंह, उपनिदेशक, निदेशालय पशुपालन एवं डेयरिंग, हरियाणा, पंचकुला के नाम से उपरोक्त निर्धारित तिथि तक मेजें। ताकि इन द्वारा द्वारा गोपनीय कथन इनीशिएट करके अपनी टिप्पणी सहित डाँ० पुनीता गहलावत, संयुक्त निदेशक, निदेशालय पशुपालन एवं डेयरिंग, हरियाणा, पंचकूला के माध्यम से डाँ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को अन्तिम राय हेतु निर्धारित तिथि तक प्रस्तुत किये जा सकें।

- 4— अधीनस्थ कार्यालयों में कार्यरत वी०एल०डी०एज़ / बी०एल०ई०ओ० के गोपनीय कथन सैल्फ अप्रेजल सहित सम्बन्धित अधिकारी द्वारा इनीशिएट करके अपनी टिप्पणी सहित डाँ० जसवंत सिंह दिया, उपनिदेशक, को अग्रेषित किये जायेगे तदोपरान्त सम्बन्धित गोपनीय कथन डाँ० प्रेम सिंह, संयुक्त निदेशक (योजना), निदेशालय को प्रस्तुत किये जायेगें, ताकि गोपनीय कथन अधीनस्थ कार्यालय को वापिस भेजे जा सकें।
- 5— अधीनस्थ कार्यालयों में कार्यरत सांख्यिकीय अमले के गोपनीय कथन सम्बन्धित अधिकारियों द्वारा इनीशिएट करके अपनी टिप्पणी सिहत डाँ० प्रेम सिंह, संयुक्त निदेशक (योजना), निदेशालय, पशुपालन एवं डेयरिंग विभाग, हरियाणा, पंचकूला को भिजवाना सुनिश्चित करें तथा निदेशालय पर कार्यरत सांख्यिकीय अमले के गोपनीय कथन डाँ० समीर भारद्वाज, पशु चिकित्सक, निदेशालय द्वारा इनीशिएट करके डाँ० मेजर विरेन्द्र सिंह राठी, केडिट योजना अधिकारी, निदेशालय, पशुपालन एवं डेयरिंग विभाग, हरियाणा, पंचकूला को भिजवाना सुनिश्चित करें ताकि सांख्यिकीय अमले (निदेशालय तथा अधीनस्थ) के गोपनीय कथन अन्तिम राय हेतु डाँ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को अन्तिम राय हेतु प्रस्तुत किये जा सकें।
- 6— निदेशालिय पर कार्यरत सभी मिनिस्ट्रियल अमले के अधिकारियों / कर्मचारियों के गोपनीय कथन सम्बन्धित शाखाध्यक्ष / अधिकारी द्वारा लिखने उपरान्त निदेशालय कार्यालय अध्यक्ष के माध्यम से डाँ० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पशुधन विकास बोर्ड, पंचकुला को अन्तिम राय हेतु प्रस्तुत किये जायें तथा इसके अतिरिक्त अधीनस्थ कार्यालयों के अधिकारियों को निर्देश दिये जाते हैं कि वह अपने जिला से सम्बन्धित सभी गोपनीय कथन पद संज्ञा अनुसार एकत्रित करके सूची सिहत निदेशालय को निर्धारित समयानुसार अग्रषेति किये जायें अन्यथा किसी भी प्रकार की देरी / कोताही के लिए सम्बन्धित अधिकारी / कर्मचारी स्वंय जिम्मेवार होगा।

उपरोक्त अनुसार गोपनीय कथन भेजते समय यह भी प्रमाणित किया जाये कि आपके अधीन कार्यरत सभी अधिकारियों / कर्मचारियों के गोपनीय कथन लिखे जा चुके हैं और किसी भी अधिकारी / कर्मचारी का गोपनीय कथन लिखना शेष नहीं है। यदि किसी भी अधिकारी / कर्मचारी के गोपनीय कथन समय पर नहीं लिखे गये / देरी से लिखे गये है तो सम्बन्धित अधिकारी इसके लिए स्वयं जिम्मेवार होंगे। यह भी ध्यान रहे कि जो अधिकारी 90 दिन से कम समय अपनी स्थापना पर पद स्थापित रहे हैं वे स्वयं गोपनीय कथन न लिखकर अपने से पहले पूर्व कार्यरत अधिकारी से ही गोपनीय कथन लिखवाकर निदेशालय को उक्त हिदायतों अनुसार भिजवाना सुनिश्चित करें। गोपनीय कथन लिखते समय निम्नानुसार हरियाणा सरकार की मुख्य हिदायतों की पालना भी सुनिश्चित की जाये:—

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

- The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to:
 - (a) The Reporting Authority must write the report before 15th April;
 - (b) The Reviewing Authority must record its comments before 30th April; and
 - (c) The Accepting Authority must record its acceptance before 15th May.
- The Reporting Authority should use the prescribed terminology for each item and write one of the choice in the box-block mentioned against these items.

3. The Reporting Officer should record 'adverse remarks' if any, in column at Sr. No.17 and nothing be written alongwith the box-block meant for Grading

only. (Group-C)

4. While recording remarks 'Integrity' in column at Sr. No. 16 (Group-C), instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructionsNo. 61-20-85-S(I), dated 12.12.85 must be gone through carefully. The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and

5. The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under

6. Signatures in full along with date be put up by the Reporting/ Reviewing/ Accepting Authorities.

यहां यह भी निर्देश दिये जाते हैं कि अपने जिला से सम्बन्धित सभी गोपनीय कथन पद संज्ञा अनुसार एकत्रित करके निर्धारित प्रफींमा अनुसार ही उक्त दिये निर्देशानुसार निदेशालय को निर्घारित समय-सीमा पर मूलरूप में गोपनीय/पंजीकृत डाक अथवा विशेष-वाहक के माध्यम से ही इस कार्यालय को अग्रसर किये जायें अन्यथा किसी भी प्रकार की देरी/कोताही के लिए सम्बन्धित अधिकारी / कर्मचारी स्वंय जिम्मेवार होगा ।

उपरोक्त आदेशों की दृढता से पालना की जाये।

संलग्न:- उपरोक्त कथित (पृष्ठ 01 से 28 तक)।

नोट:- अधिकारियों / कर्मचारियों के ACR Performa & Self-Appraisal Performa विमागीय वेबसाईट www.pashudhanharyana.nic.in पर उपलब्ध हैं।

> (डॉ0 सुखदेव राठी) उपनिदेशक (पशु कल्याण) कृतेः महानिदेशक पशुपालन एवं डेयरी विभाग,

हरियाणा, पंचकुला। स्मीपाटप

पु० कमांक 13189 - 13214 गोपनीय शाखा /

दिनांक ०५/०५/१०२५

इसकी एक प्रति निम्नलिखित को:-

प्रबन्ध निदेशक, हरियाणा पशूधन विकास बोर्ड, पंचकुला। 1-

अधीक्षक स्थापना शाखा-1, 2 व उप अधीक्षक स्थापना शाखा-3, निदेशालय को भेजते हुए निर्देश दिये जाते हैं कि अधिकारियों / कर्मचारियों के गोपनीय कथनों का प्रफौंमा सम्बन्धित अधिकारियों / शाखा अध्यक्षों को भेजते समय अधिकारी / कर्मचारी का नाम, पद संज्ञा व समय अवधि अंकित करके ही गोपनीय कथन / प्रफॉमा भेजे जायें।

निदेशालय पर कार्यरत सभी अधिकारीगण/शाखाध्यक्ष को एक प्रति आवश्यक कार्यवाही हेत् भेजते हुए अनुरोध है कि आपके अधीन कार्यरत सम्बन्धित पूर्ण अमले के गोपनीय कथन लिखकर सम्बन्धित अधिकारी के माध्यम डा० बिरेन्द्र सिंह लौरा, पूर्व महानिदेशक, अब प्रबन्ध निदेशक, हरियाणा पश्धन विकास बोर्ड, पंचकूला को 10-4-2024 तक अवश्य भिजवाना सुनिश्चित करें।

निजी सचिव, महानिदेशक पशुपालन एवं डेयरिंग, हरियाणा, पंचकुला।

नोडल ऑफिसर, आई0टी0, निदेशालय । सूचनार्थ एवं आगामी आवश्यक कार्यवाही हेत् प्रेषित है।

> (डॉ0 सुखदेव राठी) उपनिदेशक (पश् कल्याण) कृतेः महानिदेशक पशुपालन एवं डेयरी विभाग,

3 Amound

हरियाणा, पंचकुला। मुनीर

हरियाणा सरकार राजपत्रित अधिकारियों के कार्य पर गोपनीय रिपोर्ट के लिये प्रोफार्मा

| रिपोर्ट | : | Year | (from to |
|-------------|---|------|----------|
| नाम | : | | |
| पिता का नाम | : | | |

This should contain an overall assessment of the Officer's personality, his/her good qualities and shortcomings and should be particularly in reference to the following points viz. quality of mind (originality, comprehension and knowledge of works), power of expression (on paper and discussion), power of acquiring general information, attention to details, industriousness and consciousness, judgement, speed of disposal, willingness to accept responsibility and to take decisions, relations with subordinates and colleagues, public relations etc.

If Officer has been reprimanded for indifferent work or for any other cause during the period under review, brief particulars should be given. If the officer has done any outstanding notable work, mentioning commendation, brief mention should be made.

| Sr. No. | Particular's | Reporting Authority | Reviewing Authority |
|------------|--|--|--|
| 1 | ईमानदारी के लिये ख्याति | Authority | Authority |
| 2 | क्षमता तथा बुद्धि | | |
| 3 | कार्य के निपटान में शीघ्रता | | |
| 4 | समय पाबन्दी तथा नियमितता | 0 | |
| 5 | लोगों से सम्बन्ध | | |
| 6 | विकास योजनाओं का परिपालन व सरकार की नीति का परिपालन | | |
| 7 | आपात स्थिति में प्रतिक्रिया | | |
| 8 | अतिरिक्त कार्यभार के निपटान में स्वेच्छा | | |
| 9 | क्या अधिकारी कार्यालय बन्द होने के बाद और छुटि्टयों के दिनों में अपने मुख्यालय पर रहता है अथवा नहीं | * | |
| | ''समस्त निर्धारण'' उत्कृष्ट, बहुत अच्छा, अच्छा, | | |
| | उत्कृष्ट, बहुत अच्छा, अच्छा, सामान्य, सामान्य से कम | Reporting Authority (Stamp & Signature) | Reviewing Authority (Stamp & Signature) |

(Space for Accepting Authority Only)

पद संज्ञा



(2)

FORM OF ANNUAL CONFIDENTIAL REPORT (For Veterinary Livestock Development Assistant) Department of Animal Husbandry & Dairying, Haryana

| er | iod under report : | Part-I |
|----|----------------------------|---|
| | | Part-1 |
| • | Name of the employee | |
| • | Father's Name | |
| • | Date of Birth | |
| • | Status of Health | |
| • | Date of entry into | |
| | Govt. Service | |
| • | Place of Posting alongwith | |
| | the name of District | *************************************** |

Part-II

Grade the performance of employee by giving points in the range maximum to the points specified in front of Sr. No. 1 to 12 below:

| Sr. No. | Particulars | Maximum Points | Points by Reporting Authority |
|------------|---|-------------------|-------------------------------------|
| 1. | Artificial Insemination | 10 | |
| 2. | Livestock Vaccination | 10 | |
| 3. | OPD (Under supervision of Vety. Surgeon) | 10 | |
| 4. | Maintenance of record of institutions | 10 | |
| 5. | Assisted in implementation of Departmental Schemes/ programs | 10 | |
| 6. | Sample Collection | 05 | |
| 7. | Castration, De-horning, De-Budding and De-beaking | 05 | |
| 8. | Punctuality, Regularity and Discipline | 10 | |
| 9. | Handling of supported ailments | 05 | M |
| 10. | General Intelligence, Hardworker and behavior | 10 | |
| 11. | Performance recording of cow and buffalo | 05 | |
| 12. | Timely delivery of services | 10 | |
| | Total Points | 100 | |

3

Part-III

| Sr. No. | Particulars | ('Yes' or 'No') with justification |
|------------|--|--|
| 13. | Have any things come to your notice which Reflect adversely on the employee's integrity? If yes please give details on separate page. | |
| 14. | Whether there are any adverse remarks on the work and conduct of the employee? If yes please give details on separate page. | |
| 15. | Has the employee done any outstanding or notable work meriting? If yes please give details on separate page. | - |

Note: The following grading is indicative and not definitive

| 0-39 | 40-59 | 60-75 | 76- 90 | 91- 100 |
|-------------------|-------------|-----------|-------------------|------------------|
| Below Average (C) | Average (B) | Good (B+) | Very Good (A+) | Outstanding (A+) |

| Signature of the Reporting Authority |
|--------------------------------------|
| Name in block letters: |
| Designation: |

| Remarks | |
|---------|--------------------------------------|
| | Signature of the Reviewing Authority |
| | Name in block letters: |
| | Designation: |
| | |

| Remarks | |
|---------|--------------------------------------|
| | Signature of the Accepting Authority |
| | Name in block letters: |
| | Designation: |

(4)

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

- a. 'The Reporting Authority should enter the grading points or use the prescribed terminology for each item and write one of the choices in the box-block mentioned against these items.
- b. While recording remarks on 'Integrity' in column at Sr.No.13, instructions contained in para 4, of 'Consolidated' instructions on confidential reports, read with instructions No. 61/20/85-S (1) dated 12.12.85, must be gone through carefully.
- c. The Reporting Officer should record Adverse Remarks' if any, in column at Sr. No.14 and nothing be written alongwith the box block meant for grading only.
- d. The Reporting Officer should make a mention of any defects noted and any punishments inflicted on the employee or written warning(s) issued to him during the period under report to give a correct picture of his work and conduct.
- e. The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under Repot.
- f. Signatures in full along with date be put up by the Reporting/ Reviewing/ Accepting Authorities.

(

SELF APPRAISAL VETERINARY LIVESTOCK DEVELOPMENT ASSISTANT DEPARTMENT OF ANIMAL HUSBANDRY & DAIRYING, HARYANA FOR THE YEAR.....

| | | | PART-I | | |
|------------|---|--|-------------|--|--|
| BIODATA | | | | | |
| i. | Name | **** | | | |
| ii. | Father's Name | **** | | | |
| iii. | Designation | | | | |
| iv. | Date of Birth | | | | |
| V. | Date of entry into | Govt. service | | | |
| vi. | Date of present p | lace of posting | | | |
| | alongwith the nar | me of District | | | |
| vii. | Details of Training | gs undertaken | | | *************************************** |
| | during the financi | al year | | | |
| a) b) | CattleB | | Goat | Pigs | Total |
| ii Breed | able Population in | the area:- | | | |
| | | | | | |
| Cattle | | Buffalo | | | |
| ii. Numb | er of Gaushalas/ N | Nandishalas in the ar | rea | C. Marie | |
| i. Conve | ments under Bree entional Semen:- cial Insemination | 4 | | | |
| Sr. No. | Species | Targets | Achievement | %age | Remarks if an |
| 1. | Cow | | | | |
| 2. | Buffalo | The state of the s | | | |
| b. Calves | Born :- | Service and the service of the servi | | Section of the least of the lea | |
| Sr. No. | Species | Targets | Achievement | %age | Remarks if an |
| 1. | Cow | | | 104 | The first of the |
| 2. | Buffalo | A SECTION OF THE REAL PROPERTY. | | | |
| | Ruffalo | | | | 21 |
| a. Artific | ial Insemination v | vork:- | | | |
| Sr. No. | Species | Targets | Achievement | %age | Remarks if an |
| 1. | Cow | | | | The state of the s |
| b. Calves | Born :- | | | | - 27 |
| Sr. No. | Species | Targets | Achievement | %age | Remarks if an |
| 1. | Cow | rangets | Acinevement | /oage | Neillarks II aff |
| - | | The state of the s | | | A CONTRACTOR |

| iii. Scrub Bull Castration (Nos.):- Gaushala | Stray | Total |
|--|-------|-------|
| iv. No. of Bulls Supplied in the area (if any) | | |
| | | |

4. Achievements under Animal Health work:

i) Vaccination:

| Sr. No. | Name of Vaccination | Targets | Achievement | %age | Remarks if any |
|---------|-------------------------|---------|-------------|------|----------------|
| 1 | HS and FMD Dual Vaccine | | | | |
| 2 | Foot & Mouth Disease | | | | |
| 3 | Black Quarter | | | | |
| 4 | Enterotoxemia | | | | |
| 5 | Sheep Pox | | | | |
| 6 | Swine Fever | | | | |
| 7 | Brucella | | | | |
| 8 | Rabies | | | | |
| 9 | Any other | | | | |

ii) INAPH Updation:

| Sr. No. | Name of Vaccination | Eligible Population | Animals Vaccinated | Animals data Uploaded On INAPH | %age Uploaded | Remarks |
|------------|----------------------------|------------------------|-----------------------|---|------------------|---------|
| 1 | HS and FMD Dual Vaccine | | | | | |
| 2 | Brucella | A.S. | | | | |
| 3 | Any other | | | P. Carlot | | |

iii. Veterinary Health Care work performed under supervision of area Veterinary Surgeon:

| Sr. No. | Particulars | Particulars Outdoor | | Health and Infertility Camps | | Grand Total | Remarks if any |
|------------|-------------|---------------------|---------------|------------------------------|-------------|-------------|----------------|
| | | Target | Achievement | Target | Achievement | Achievement | |
| 1 | OPD Cases | | | | | | |
| 2 | De-worming | | 1 10 10 10 10 | | | | |
| | Total | | | | | | |

iv. Details of Minor Veterinary Services Provided

| Sr.No. | Type of Minor Veterinary Services | No. of Cases | |
|--------|-----------------------------------|--------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | THE T |

| Di | sease Dia | gnostic and Surveillance Work:- | |
|----|-----------|--|---|
| | i. | No. of Sera Samples Collected | |
| | ii. | No. of Faecal Sample Collected | |
| | iii. | No. of Blood Sample Collected | |
| | iv. | No. of Urine Sample Collected | |
| | v. | No. of Milk Sample Collected | |
| | vi. | No. of Any Other (Please Specify) Sample Collected | - |
| | | | |

5. Assisted in Departmental Developmental Schemes in the area allotted under GVH/GVD:-

| Sr. No. | Type of Unit | Target | Achievement | Remarks |
|------------|--------------------------------------|--------|-------------|---------|
| 1 | No. of Buffalo Recorded | | | 4, 11 |
| 2 | No. of Indigenous cow recorded | | | |

ii. Assisted in Establishment of Livestock Units under various departmental schemes for General Category in the area allotted under GVH/GVD:-

| Sr. No. | Type of Unit | Target | No. of unit established | Remarks |
|---------|------------------|--------------|-------------------------|---------|
| 1 | Dairy unit | | | |
| 2 | Sheep unit | | | |
| 3 | Goat unit | | | |
| 4 | Piggery Unit | 73 - 22 - 23 | | |
| 5 | Backyard Poultry | | EN THE STATE OF STREET | |

iii. Assisted in Establishment of Livestock Units under various departmental schemes under SCSP scheme in the area allotted under GVH/GVD:-

| Sr. No. | Type of Unit | Target | No. of unit established | Remarks |
|---------|------------------|--------|-------------------------|---------|
| 1 | Dairy unit | | | |
| 2 | Sheep unit | | | |
| 3 | Goat unit | | | |
| 4 | Piggery unit | | | |
| 5 | Backyard Poultry | | | |

6. Assisted in Establishment of Livestock Units under other schemes other than departmental schemes in the area allotted under GVH/GVD:-

| Sr. No. | Type of Unit | Name of Scheme/Deptt | No. of unit established | Remarks |
|---------|------------------|----------------------|-------------------------|---------|
| 1 | Dairy unit | | | |
| 2 | Sheep unit | | | |
| 3 | Goat unit | | | |
| 4 | Piggery unit | | | |
| 5 | Backyard Poultry | | | |

7. Assisted in Livestock Insurance scheme in the area allotted under GVH/GVD:

| Type of Activity | Animal Insured | Beneficiary | Claim Lodged | Claim Rejected | Claim Amount Disbursed |
|---------------------|-------------------|-------------|--------------|-------------------|------------------------------|
| General | | | | | |
| SCSP | | | | | |

PART - D (Achievements under Miscellaneous Activities)

8. Assisted in Mukhyamantri Antyodaya Privar Utthan Yojna (MMAPUY) scheme in the area allotted under GVH/GVD:

| Applicant applied/Received for AH Schemes | Total Applications processed | Applications sent to bank | Applications Sanctioned by Bank | Total Unit Establis hed | Application Rejected | Remarks/ Reasons for rejection if Any |
|---|------------------------------------|---------------------------|---------------------------------------|----------------------------------|-------------------------|---|
| | | | | | | |

| 9. | Publicity | & Exter | nsion | Works:- |
|----|-----------|---------|-------|---------|
| | | | | |

| Public | ity & Extension Works:- | | | |
|--------------------------|--|------------------|--|---------------------------|
| Sr. | No. Name of activity | Targets | Achievement | Remarks if any |
| 1 | Women Awareness Camp | | | 9 |
| 2 | ASCAD Camp | | The state of the s | |
| 3 | Kisan Gosthis | | | |
| 4 | Participation in Livestock Show/ Pashu Mela/ Agri-summit | | | |
| 5 | | ar g ye e p | | |
| O. Tree F | i. No. of Tree in GVH ii. No. of Tree in GVD Total tree_ | | | |
| THE RESERVED | llaneous works:- ng of Animals:- | | | |
| a) | Total animals tagged in Gaushals/ N | landishala: | | |
| b) | | | | |
| | | | | |
| .2. NA | AIP Phase-III Progress Report | | | |
| .3. RG | iM-PT (Buffalo) and RGM-PS (Cow) Repor | | | |
| | | The state of the | | |
| 4. Any ot | her relevant special work / Achievement / | Duty Assigned | that not been cove | red above. |
| | | | | |
| | | | | |
| ertificate | by VLDA: | | | |
| t is certif | ied that all the figures shown in self-a | appraisal are b | ased on the offici | ial record as available i |
| SVH/GVD | | | | |
| | | | | |
| | | | | |
| | | | (Signature and | Name of VLDA with date |
| | | 7 4 45 | | |
| /erification | n hy Veterinary Surgeon: | | | |

5/5

| lt | is | verified | that | the | self-appraisal | is | verified | based | on | the | MPR/Official | Record | of | the | GVH |
|----|-----|----------|------|-----|----------------|------|--------------|-------|----|-----|--------------|--------|----|-----|-----|
| /G | VD. | | | | , as ava | ilat | ole in Offic | ce. | | | | | | | |

(Signature and Name of Veterinary Surgeon with date)

FORM OF ANNUAL CONFIDENTIAL REPORT (For Block Livestock Extension Officer) Department of Animal Husbandry & Dairying, Haryana

| Per | iod under Report: | Part-I |
|-----|----------------------------|--------|
| | | Part-i |
| • | Name of the employee | |
| • | Father's Name | |
| • | Date of Birth | |
| • | Status of Health | |
| • | Date of entry into | |
| 4 | Govt. Service | |
| • | Place of Posting alongwith | |
| | the name of district | |

Part-II

Grade the performance of employee by giving points in the range maximum to the points specified in front of sr. no 1 to 11 below.

| Sr .No. | Particulars | Maximum Points | Points by Reporting Authority |
|------------|--|-------------------|-------------------------------------|
| 1. | Extension work done of the Departmental schemes | 10 | |
| 2. | Assisted the concerned V.S in Supervision:- i. Vaccination & Artificial Insemination | 10 | |
| 3. | Publicity of Department schemes and their progress. | 10 | |
| 4. | Report of Minikits fodder seeds. | 05 | |
| 5 | Eligible person facilitated for Establishment of Livestock unit | 10 | |
| 6. | Assisted in Special Livestock Breed Progress. | 10 | |
| 7. | Assisted in Organizing:- i. Kisan Mela & Livestock Show | 10 | * |
| 8. | Assisted committee in Selection of Animal of Milk recording. | 10 | |
| 9. | Verification of Census Data | 10 | |
| 10. | Assisted in NADRS Application | 05 | |
| 11. | Progress regarding work allotted for day wise progress in the block. | 10 | |
| | Total Points | 100 | |

(1)

Part-III

| Sr. No. | Particulars | ('Yes' or 'No') with justification |
|---------|--|--|
| 12. | Have any things come to your notice which Reflect adversely on the employee's integrity? If yes please give details on separate page. | |
| 13. | Whether there are any adverse remarks on the work and conduct of the employee? If yes please give details on separate page. | |
| 14. | Has the employee done any outstanding or notable work meriting? If yes please give details on separate page. | |

Note: The following grading is indicative and not definitive

| 0-39 | 40-59 | 60-75 | 76- 90 | 91- 100 |
|----------------------|--|-----------|------------------|------------------|
| Below Average (C) | Average (B) | Good (B+) | Very Good (A) | Outstanding (A+) |
| Overall Grading | of the state of th | | | |
| | | | | |
| | | Signatu | re of the Report | ing Authority |
| | | | re of the Report | |

| Remarks | |
|---------|--------------------------------------|
| | Signature of the Reviewing Authority |
| | Name in block letters: |
| | Designation: |

| Remarks | |
|---------|--------------------------------------|
| | Signature of the Accepting Authority |
| | Name in block letters: |
| | Designation: |

(12)

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

a. 'The Reporting Authority should enter the grading points or use the prescribed terminology for each item and write one of the choices in the box-block mentioned against these items.

b. While recording remarks on 'Integrity' in column at Sr.No.12, instructions contained in para 4, of 'Consolidated' instructions on confidential reports, read with instructions No. 61/20/85-S (1) dated 12.12.85, must be gone through carefully

c. The Reporting Officer should record Adverse Remarks' if any, in column at Sr. No.13 and nothing be written along with the box block meant for Grading only.

d. The Reporting Officer should make a mention of any defects noted and any punishments inflicted on the employee or written warning(s) issued to him during the period under report to give a correct picture of his work and conduct.

e. The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under Repot.

f. Signatures in full along with date be put up by the Reporting/ Reviewing/ Accepting Authorities.

SELF APPRAISAL OF BLOCK LIVESTOCK EXTENSION OFFICER DEPARTMENT OF ANIMAL HUSBANDRY & DAIRYING, HARYANA

| PERIOD | UNDER | REPORT | *************************************** |
|---------|-------|--------|---|
| FLINIOU | CHELL | HELOIL | ************************* |

PART-I

| 1 | . BIO | DATA | |
|---|-------|---|----------------------|
| | i. | Name | |
| | ii. | Father's Name | |
| | III. | Date of Birth | |
| | iv. | Designation | |
| | v. | Date of entry into Govt. service | |
| | vi. | Date of present place of posting alongwith name of District | |
| | vii. | Details of Trainings undertaken | |
| | | during the financial year | |
| | | PART-II | |
| | 1. | Extension work of departmental | |
| | | Schemes in the Block | |
| | 2. | Assisted the concerned V.S in Superv | rision:- |
| | i. | Vaccination | |
| | ii. | Artificial Insemination | |
| | III. | Any suggestive measures of GVDs | |
| | 3. | Publicity of departmental schemes a | nd their progress :- |
| | i. | Tagging | |
| | ii. | Insurance | |
| | iii. | Kisan Credit Card | |
| | îv. | Registration | |
| | ٧. | Sex Sorted Semen | |
| | | | |

(14

| | 4. | Report of Minikits fodder seeds | |
|------------|---------|---|---|
| | 5. | Eligible person facilitated for establishment of livestock unit | |
| | 6. | Assisted in Special Livestock Breed Progress | |
| | 7. | Assisted in organising :- | |
| | i. | Kisan Mela | |
| | ii. | Livestock Show | |
| | 8. | Assisted committee in | |
| | | Selection of animal for milk recording | |
| | 9. | Verification of Census Data | |
| | 10. | Assisted in NADRS Application | |
| | | PART-III | |
| | 11. | Progress regarding work allotted for da | ay wise progress in the block |
| | į. | Detail of work done at Gaushala | |
| | ii. | No. of school visit and education imp | arted |
| | III. | Rabies vaccination and its report | |
| | iv. | Measuring progress of GVDs | |
| | v. | Monitoring of Dairies and their progress | |
| | vi. | Report Regarding organisation of deworming camp | |
| Certifica | ite by | BLEO: | |
| It is cert | ified t | hat all the figures shown in self-appraisa | are based on the official record as available |
| | | | |
| | | | |

(Signature and Name of BLEO with date)

(5)

| Verification by Vete | erinary Surgeon |
|----------------------|-----------------|
|----------------------|-----------------|

It is verified that the self-appraisal is verified based on the MPR/Official Record of the GVH / GVD______, as available in Office.

(Signature and Name of Veterinary Surgeon with date)



GOVERNMENT OF HARYANA FORM OF 'ANNUAL CONFIDENTIAL REPORT' OF DRIVERS (Application for Drivers of staff Cars/Jeeps and other official vehicles)

Department of Animal Husbandry & Dairying, Haryana, Panchkula

| Office | of the | | The state of the s |
|-----------------|---|---|--|
| Period | of Report | | |
| | | PART- | I |
| 1. Nan | ne of the employee | | |
| 2. Fath | ner's Name | | |
| | e of continuous pointmenton the post of ver. | | |
| Report | | Reviewing Authority | Accepting _Authority |
| | | PART-I | П |
| 1. | should | make use of one of the , 'Average', 'Below A | o the contrary, the Reporting Authority gradings, i.e. 'Outstanding', 'Very Good verage' in the box-blocks provided again |
| 2. | Punctuality and Devot | ion to duty | |
| 3. i) ii) | Ability to get along an Superior Officers Colleagues | | |
| 4. | Whether the employee quarter after closing of duringholidays (Reply 'No'). | f office and | |
| 5. | Technical Knowledge which he drives. | about the vehicle | |
| 6. 7. | Proficiency in safe driv tenance of the vehicle. Acquitance with traffic other road signs. | | |

(17)

| | Name & Design | nation of the official |
|-----|---|--------------------------------------|
| 8. | Does he maintain the log boot to Govt. instructions? (Reply in 'Yes' or 'No'). | ok according |
| 9. | Assessment of Integrity: Has anything come to your rewhich reflect adversely on the integrity. Reply in 'Yes' or 'Yes, please give details. | ne official's |
| 10. | Any other comments. | |
| 11. | "Whether the officer/official of services or dispose of the case time frame? (Reply in 'Yes' | e in a given |
| 12. | Overall grading based on the assessment made from Sr.No to 10. | |
| | | Signature of the Reporting Authority |
| | | Name in block letters |
| | | Designation |
| | | Date |
| | REMARKS | OF THE REVIEWING AUTHORITY |
| | | Signature of the Reporting Authority |
| | | Name in block letters |
| | | Designation |
| | | Date |



GOVERNMENT OF HARYANA

FORM OF 'ANNUAL CONFIDENTIAL REPORT' (For Steno-typists Junior Scale Stenographer and Senior Scale Stenographers/P.As)

Department of Animal Husbandry & Dairying, Haryana, Panchkula

| | | epartment of Annual Husbandry & Da | | |
|-------|--|--|--|--|
| Offic | ce/Bran | ch/Section: | | |
| Perio | od unde | er Report : | | |
| | | Part-I | | |
| 4. | Nan | ne of the employee : | | |
| 5. | Fath | er's Name : | | |
| 6. | Designation of the post held : | | | |
| | orting nority _ | Reviewing Authority | Accepting Authority | |
| | | Part-I | I | |
| mp | ortant is | Accepting Authorities should rend of the form 2. Unlesses otherwise specified to make use of one of the grading | fidential Report, the Reporting/Reviewing/ read carefully the instructions given in the the contrary, the Reporting Authority should as, i.e. 'Outstanding', 'Very Good', 'Good', in the box-blocks provided against each column | |
| | 1. | State of Health | | |
| | 2 | Conduct and Character | | |
| | Punctuality and Regularity in attendance | | | |
| | 4 | Ability to get along and behaviour with | | |
| | | (a) Superior Officers | (a) | |
| | | (b)Colleagues | (b) | |
| | | (c) Public | (c) | |
| | 5 | Amenability of Discipline | | |
| | 6 | Devotion to duty and Hardworking | | |
| | 7 | General Intelligence and keenness to learn | | |
| | 8 | Knowledge about Department, Branch and Office procedure | | |
| | 9 | Proficiency in use of State Language Hindi in his day to day official work. | | |

.....2

Name & Designation of the official_____

| 10 | Whether employee stays at his Headquarters after closing of office and during holidays? Reply in 'Yes' or 'No' | |
|----|--|--|
| 11 | Proficiency in Stenography and typing | |
| 12 | Maintenance of engagement diary and timely submission of necessary papers for meetings, interviews etc. | |
| 13 | Trust worthiness in handling secret and top secret matters and papers | |
| 14 | Handling of Dak, Files, record and management and his office | |
| 15 | Handling telephones, visitors, tour programmes and engagements etc. | |
| 16 | Assistance provided in making his officer more effective (checking on details) follow ups feed back progress etc. | |
| 17 | Assessment of Integrity. Has anything come to your notice which reflect adversely on the official's integrity or his ability to honestly execute his duties? Reply in 'Yes' or 'No'. | |
| 18 | If 'Yes', please give details Whether there are any 'adverse remarks' on the work and conduct of the employee? Reply in 'Yes' or 'No'. If 'Yes', please give details. | |
| 19 | Has the official done any outstanding or notable work meriting? Reply in 'Yes' or 'No'. If 'Yes', please give details. | |
| 20 | Suitability for promotion or Higher scale of pay (use term 'Fit' or "Not yet 'Fit' or 'Not yet Fit' or 'Not fit') | |
| 21 | Whether the official delivers the services or dispose of the case in a given time frame? (Reply in 'Yes" or "No".) | |
| 22 | Overall Grading based on the assessment made from Sr. No. 2 to 19 above. | |

| Signature of the Reporting Author | ority |
|-----------------------------------|-------|
| Name in block letters : | |
| Designation : | |
| Date: | |
| | 2 |

(26)

- - - - -

Name & Designation of the official

| REMARKS O | F THE RE | VIEWING AUTHORITY |
|--|----------|---|
| (Tick one of these three items (a), (b) & (c) and strike out the | (a) | I endorse the above remarks. |
| remaining two). | (b) | I generally agree with the above views subject to the following observations. |
| | | |
| | (c) | I do not agree with the above remarks in columns: |
| | | Signature of the Reviewing Authority |
| | | Name in block letters : |
| | | Designation : |
| | | Date: |
| REMARKS, IF ANY, OR COUNTE | RSIGNAT | URES OF THE ACCEPTING AUTHORITY. |
| | | Signature of the Accepting Authority |
| | | Name in block letters : |
| | | Designation : |
| | | Date : |

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

- 1. The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to:
 - (a) The Reporting Authority must write the report before 15th April;
 - (b) The Reviewing Authority must record its comments before 30th April; and
 - (c) The Accepting Authority must record its acceptance before 15th May.
- 2. The Reporting Authority should use the prescribed terminology for each item and write one of the choice in the box-block mentioned against these items.
- 3. The Reporting Officer should record 'adverse remarks' if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only.
- 4. While recording remarks 'Integrity' in column at Sr.No. 16, instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructions No. 61-20-85-S(I), dated 12.12.85 must be gone through carefully.
- The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and conduct.
- 6. The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under repot.
- 7. Signatures in full along with date be put up by the Reporting/Reviewing/Accepting Authorities.

GOVERNMENT OF HARYANA FORM OF 'ANNUAL CONFIDENTIAL REPORT' (For Clerks and other posts of similar nature in Group 'C')

Department of Animal Husbandry & Dairying, Haryana, Panchkula

| Perio | d under Report: | | | |
|-------|-----------------------------------|---------------------------------|----------------------|---|
| | | | Part-I | |
| 1. | Name of the e | employee : | | |
| 2. | Father's Name | e: | | |
| 3. | Designation o | f the post held: | | |
| | orting ority | | eviewing athority | Accepting Authority |
| | | | Part-II | |
| Impo | ortant Notes: 1. | | | ential Report, the Reporting/Reviewing/ carefully the instructions given in the |
| | 2. | make use of one o | f the gradings, i. | contrary, the Reporting Authority should e. 'Outstanding', 'Very Good', 'Good', box-blocks provided against each column |
| 1. | Brief of duties | s assigned | | |
| 2. | State of Healt | h | , 40 <u>at</u> | |
| 3. | Conduct and (| Character | _ 1,41 <u>2.</u> | |
| 4. | Punctuality an attendance | nd Regularity in | Mad n | |
| 5. | Ability to get a behavior with | | - | |
| | (a) Superior (| Officers | (a) | |
| | (b) Colleague | es | (b) | |
| | (c) Public | | (c) | |
| 6. | Amenability to | o Discipline | 1 4 1 2 | |
| 7. | Devotion to de hardworking | uty and | | |
| 8. | General Intelli keenness to le | | | |
| 9. | | out Department, ffice procedure | | |

(22)

| | Name & Designation | of the official |
|-----|---|--|
| 10. | Proficiency in use of State Language 'Hindi' in his day to day official work. | |
| 11. | Whether the employee stays at his Headquarters after closing of office and during holidays? | |
| 12. | Proficiency and accuracy in typing | |
| 13. | Proficiency in work of maintenance Of Registers, Files and other record | |
| 14. | Initiative and willingness o perform Any job of responsibility | |
| 15. | Assessment of Integrity: Has any things come to your notice which Reflect adversely on the official's integrity or his ability to honestly execute his duties? Reply in 'Yes' or 'No' | |
| | If yes please give details. | |
| 16. | Whether there are any 'adverse remarks on the work and conduct of the employee? Reply in 'Yes' or 'No' | |
| | If yes please give details. | |
| 17. | Has the official done any outstanding or notable work meriting? Reply in 'Yes' or 'No' If yes please give details. | |
| 18. | Suitability for promotion or Higher Scale of pay | |
| 19. | "Whether the officer/official delivers the services or dispose of the case in a given time frame? (Reply in 'Yes' or 'No') | |
| | | |
| 20. | Overall Grading based on the Assessment made from Sr.No. 2 to 13 | |
| | | Signature of the Reporting Authority Name in block letters: Designation: Date: |

REMARKS OF THE REVIEWING AUTHORITY

| (Tick one of these three items (a), (b) & (c) and strike out the | (a) | I endorse the above remarks. |
|--|--------------|---|
| remaining two). | (b) | I generally agree with the above views subject to the following observations. |
| | (c) | I do not agree with the above remarks in column: |
| | | Signature of the Reviewing Authority Name in block letters : Designation : |
| | | Date: |
| Remarks, if any, or countersignature | es of the Ac | cepting Authority. |
| | | Signature of the Accepting Authority Name in block letters : |
| | | Designation : Date : |
| | | ONS FOR FILLING IN THE FORM |

- The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to:
 - (a) The Reporting Authority must write the report before 15th April;
 - (b) The Reviewing Authority must record its comments before 30th April; and
 - (c) The Accepting Authority must record its acceptance before 15th May.
- The Reporting Authority should use the prescribed terminology for each item and write one of the choice in the box-block mentioned against these items.
- 3. The Reporting Officer should record 'adverse remarks' if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only.
- 4. While recording remarks 'Integrity' in column at Sr. No. 16, instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructions No. 61-20-85-S(I), dated 12.12.85 must be gone through carefully.
- 5. The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and conduct.
- The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under repot.
- 7. Signatures in full along with date be put up by the Reporting/Reviewing/Accepting Authorities.

GOVERNMENT OF HARYANA

FORM OF 'ANNUAL CONFIDENTIAL REPORT' (For Assistants and other posts of similar nature in Group 'C')

Department of Animal Husbandry & Dairying, Haryana, Panchkula

| Offi | ce/Branch/Section: | | |
|------|--|--------------------------|---|
| | od under Report : | | |
| | | Part-I | |
| 1. | Name of the employee: | | |
| 2. | Father's Name : | | |
| 3. | Designation of the post held | : | |
| Rep | orting | Reviewing | Accepting |
| Aut | hority | _ Authority | Authority |
| | | Part-II | |
| Imp | | uthorities should read o | tial Report, the Reporting/Reviewing/ carefully the instructions given in the |
| | make use of o | one of the gradings, i.e | contrary, the Reporting Authority should but the contrary, 'Very Good', 'Good', box-blocks provided against each column |
| 1. | Brief of duties assigned | | |
| 2. | State of Health | | |
| 3. | Conduct and Character | | |
| 4. | Punctuality and Regularity is attendance | n | |
| 5. | Ability to get along and behaviour with | | |
| | (a) Superior Officers | (a) | |
| | (b) Colleagues | (b) | |
| | (c) Public | (c) | |
| 6. | Amenability to Discipline | | |
| 7. | Devotion to duty and hardworking | | 3,34784 |
| 8. | General Intelligence and keenness to learn | | |
| 9. | Knowledge about Departmen Branch and Office procedure | | |

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| | Name & Designation of the | offic | cial |
|-----|---|-------|------|
| 10. | Proficiency in use of State Language 'Hindi' in his day to day official work. | | |
| 11. | Whether the employee stays at his Headquarters after closing of office and during holidays? Reply in 'Yes' or 'No'. | | |
| 12. | Promptness and Accuracy in disposal of work | | |
| 13. | Knowledge of Rules, Regulations and Instructions in general and with particular reference to the work allotted to him. | | |
| 14. | Quality of work (Delete the sub-clause(s) which is/are not related to his work). | | |
| | (a) Ability to apply the relevant Rules and Regulations correctly | (a) | |
| | (b) Capacity for examining cases thoroughly and comprehensiveness | (b) | |
| | (c) Quality of Noting & Drafting | (c) | |
| | (d) Proficiency in case handling | (d) | |
| | (e) Proficiency in Store Management | (e) | |
| | (f) Proficiency in Accounts Matt ers | (f) | |
| 15. | Organisation of work: | 7.5 | |
| | (a) Retrieval of papers/information references | (a) | |
| | (b) Keeping the work place tidy and the record systematic | (b) | |
| 16. | Assessment of Integrity: | | |
| | Has anything come to your notice which reflect adversely on the official's integrity or his ability to honestly execute his duties? Reply in 'Yes' or 'No'. | | |
| | If 'Yes', please give details. | | |
| 17. | Whether there are any 'adverse remarks' on the work and conduct of the employee? Reply in 'Yes' or 'No'. | | |
| | If 'Yes', please give details. | | |
| 18. | Has the official done any outstanding or notable work meriting? Reply in 'Yes' or 'No'. | | |
| | If 'Yes', please give details. | | |
| 19. | Suitability for promotion or Higher scale of pay (use term 'Fit' or "Not yet Fit' or 'Not Fit') | | |

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| | Name & Designation | gnation | of the official |
|-----|--|-----------|--|
| 20. | 20. "Whether the officer/official delivers the services or dispose of the case in a given time frame? (Reply in 'Yes' or 'No') | | |
| 21. | Overall Grading based on the assessmade from Sr.No. 2 to 18 above. | sment | |
| | | | Signature of the Reporting Authority Name in block letters: Designation: Date: |
| | | | |
| | REMARKS OF T | HE REV | VIEWING AUTHORITY |
| | k one of these three items | (a) | I endorse the above remarks. |
| | (b) & (c) and strike out the aining two). | (b) | I generally agree with the above views subject to the following observations. |
| | | (c) | I do not agree with the above remarks in column: |
| | | | Signature of the Reviewing Authority Name in block letters : Designation : |
| | | | Date: |
| Rem | narks, if any, or countersignatures of | f the Ac | cepting Authority. |
| | | | Signature of the Accepting Authority Name in block letters: Designation: |
| | IMPODITANT INSTR | LICTIO | ONS FOR FILLING IN THE FORM |
| 1 | The following prescribed time Sche be adhered to: | edule for | r writing Annual Confidential Report may strictly ust write the report before 15th April; |
| | (e) The Reviewing Autl | hority m | ust record its comments before 30th April; and |
| 2 | | | ust record its acceptance before 15 th May. |
| - | of the choice in the box-block ment | | gainst these items. erse remarks' if any, in column at Sr. No. 17 and |
| | nothing be written alongwith the bo | x-block | meant for Grading only. |
| 4 | While recording remarks 'Integrity of Consolidating instructions on | ' in col | umn at Sr. No. 16, instructions contained in para ntial reports, read with instructions No. 61-20-85- |
| 5 | S(I), dated 12.12.85 must be gone to The Reporting Officer should ma | hrough o | carefully. ention of any defects noted and any punishment ng(s) issued to him during the period under report |
| | to give any correct picture of his we | ork and | conduct. |
| (| . The report should be a true an | u objec | tive assessment of the employee's ability and |

character as reflected in his day to day official work during the period under repot.

7. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting

Authorities.



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GOVERNMENT OF HARYANA

FORM OF 'ANNUAL CONFIDENTIAL REPORT' (For the Common Cadre Group 'D' posts)

Department of Animal Husbandry & Dairying, Haryana, Panchkula

| Offi | ce/Branch/Section: | | |
|------|---|---|--|
| Peri | od under Report : | | |
| | | art-I | |
| 1. | Name of the employee : | - 2001/2007 | |
| 2. | Father's Name : | 8 | |
| 3. | Designation of the post held: | | |
| | orting Reviewing hority Authority | Accepting Authority | |
| | Pa | ort-II | |
| Imp | Accepting Authorities sho of this form 2. Unless otherwise specifies make use of one of the gra | al Confidential Report, the Reporting/Reviewing/ auld read carefully the instructions given in the end ed to the contrary, the Reporting Authority should dings, i.e. 'Outstanding', 'Very Good', 'Good', se' in the box-blocks provided against each column. | |
| 1. | State of Health | | |
| 2. | Conduct and Character | | |
| 3. | Punctuality and Regularity in attendance | | |
| 4. | Amenability to Discipline | | |
| 5. | Devotion to duty and hardworking | | |
| 6. | Behaviour & Obedience | | |
| | (a) Attitude of the Officer/ Official towards other castes and Communities. | | |
| 7. | Intelligence and fitness to do the assigned tasks. | | |
| 8. | Whether employee stays at his Head- Quarters after closing of office and during holidays? Reply in 'Yes' or 'No' | | |
| 9. | Assessment of Integrity: | | |
| 10. | Adverse remarks on work performance and conduct, if nay. Reply in 'Yes' or 'No' | | |

| Name & Designation of the official | | | |
|---|------------------------|--|---|
| 11. | scale o | ility for promotion or Higher of pay (use term 'Fit' or "Not ' or 'Not Fit') | |
| 12. | service | er the officer/official delivers the s or dispose of the case in a given me? (Reply in 'Yes' or 'No') | |
| 13. | | I Grading based on the assess- nade from Sr.No. 2 to 10 above. | |
| | | | Signature of the Reporting Authority |
| | | | Name in block letters : |
| | | | Designation : |
| | | | Date : |
| | | | Date . |
| REMARKS, IF ANY, OR COUNTERSIGNATURES OF THE REVIEWING/ACCEPTING AUTHORITY Signature of the Reviewing /Accepting Authority | | | |
| | Name in block letters: | | |
| | Designation : | | |
| Date : | | | |
| IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM | | | |
| | 1. | The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to: | |
| | | (b) The Reviewing Authority m | ust write the report before 15 th April; ust record its comments before 30 th April; and ust record its acceptance before 15 th May. |
| | 2. | The Reporting Authority should use the prescribed terminology for each item and write one of the choices in the box-block mentioned against these items. | |
| | 3. | The Reporting Officer should record 'Adverse Remarks' if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only. | |
| | 4. | While recording remarks on 'Integrity' in column at Sr.No. 9, instructions contained in para 4, of 'Consolidated' instructions on confidential reports, read with instructions No. 61/20/85-S(I) dated 12.12.85, must be gone through carefully. | |
| | 5. | | ake a mention of any defects noted and any yee or written warning(s) issued to him during the t picture of his work and conduct. |

The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under Repot. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting

6.

7.

Authorities.