

Directorate of AYUSH
Health and Family welfare Department
Govt. of NCT of Delhi.
Annual Performance Assessment Report (APAR)

(For General Duty Medical Officer of Dte. Of AYUSH)
[Medical Officer / Senior Medical Officer / Chief Medical Officer /Chief Medical Officer (NFSG)]

For the period of: - _____ to _____

Part – I

1. Report on (Name in Block Letter)
2. Department
3. Date of Birth
4. Date of Joining
5. Date of present posting to
6. Present Designation
7. Date of appointment of present posting
8. Whether on probation
9. Scale of pay
10. Present Salary
11. Whether the officer belong to SC/ST
12. Period of absence from duty on leave, training etc. during the year

Part – II (Self Appraisal)
(To be filled by the officer reported upon)

1. Brief description of duties:-

2. a) Academic & Professional achievements during the year including degree/ diploma/ certificate/ award/ commendations obtained & seminar/ conference/ workshop attended during the course of the reporting year.

b) Brief details of Research projects undertaken, scientific papers read or published, teaching work done, if any during the course of the year:

3. Resume of work done by the officer during the year /period from _____ to _____ indicating clinical / research/ training / administrative work brining out also any special achievements with particular reference to target if any, Shortfalls in any achievements may also be indicated specifying constraints.

4. Please sate whether the Annual Returns on immovable property of the preceding calendar year was filed with the prescribed date i.e. 31st January of the year following the calendar year, If not, the date of filling the return should be given.

5. Remarks, if any

Station
Date:

Signature of the officer
Name
Designation

HISTORY SHEET

1. Full Name (in capital) : _____
2. Father's /Husband's Name : _____
3. Date of Birth : _____
4. Place of Birth : _____
5. Home Village/Town in accordance with MHA. (O.M. No. 43/1/55-Estt
(A) – Pt. II, dated 11.10.1956) : _____
6. Whether belongs to SC/ST : _____
7. (If so, exact caste or tribe to be specified): _____
8. (a). Educational Qualification :

S. No.	University	Year	Division or Distinction if any
<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>

8. (b) Details of Qualification in Hindi or other special qualification (e.g. in Science, Commerce, Accounts etc.)

S. No.	University	Year	Division or Distinction if any
<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>

9. (a) Date of appointment with No.:
& date of Notification
(b) No. & date of recommendation of UPSC:

10. Brief record of Service:

Appointment held & scale of Pay	Deptt./office & place of posting	Period		No. & dt. Of Notification
		From	To	

11. Details of approved course of training/study including Refresher Courses under gone or Departmental Exam. Passed if any.

Particulars of the course of study training or department Education	Whether completed successfully or passed	Details of Distinction obtained or special commendation record, If any.

12. Details of qualification in Hindi:
Certify that above information is correct to the best of my knowledge.

Station
Date:

Signature of the officer
Name
Designation