

**ANNUAL PERFORMANCE APPRAISAL REPORT (APAR)
OF PERMANENTLY SECONDED OFFICERS OF
DEFENCE AERONAUTICAL QUALITY ASSURANCE SERVICE**

Sh/Smt/Km _____

Service No _____

Designation _____

Date of Birth _____

Name of HQ/Br/Orgn _____ **Since when** _____

APAR Period From _____ **To** _____

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE

DIRECTORATE GENERAL OF AERONAUTICAL QUALITY ASSURANCE

Time Schedule for preparation/completion of APAR
(Reporting year – Financial year)

| S. No. | Activity | Target date by which to be completed | Actual date of completion |
|---------------|---|--|----------------------------------|
| 1. | Distribution of blank APAR forms to the officer to be reported upon | 31 st March (This may be completed even a week earlier) | |
| 2. | Submission of self –appraisal to reporting officer by officer to be reported upon | 15 th April. | |
| 3. | Submission of report by reporting officer and to be sent to Administration or Accepting Authority, as applicable. | 30 th June | |
| 4. | Report to be completed by reviewing officer and to be sent to Administration or Accepting Authority, as applicable. | 31 st July | |
| 5. | Appraisal by Accepting Authority, wherever provided | 31 st August | |
| 6. | (a) Disclosure to the officer reported upon where there is no Accepting Authority (b) Disclosure to the officer reported upon where there is Accepting Authority | 01 st September 15 th September | |
| 7. | Receipt of representation, if any, on APAR | 15 days from the date of receipt of communication by the officer reported upon | |
| 8. | Forwarding of representation to the competent authority (a) Where there is no Accepting Authority for APAR (b) Where there is Accepting Authority for APAR | 21 st September 06 the October | |
| 9. | Disposal of representation by the competent authority | Within one month from the date of receipt of representation | |
| 10. | Communication of the decision of the competent authority on the representation by the Administration | 15 th November | |

INSTRUCTIONS

1. The APAR is an important document. It provides the basis and vital inputs for assessing the performance of an officer and for his/her further advancement in his/her career. The officer reported upon, the Reporting Authority, the Reviewing Authority and the Accepting Authority should, therefore, undertake the duty of filling out the form with a high sense of responsibility.
 2. Performance appraisal through APAR should be used as a tool for human resource development. Reporting Officer should realize that the objective is to develop an officer so that he/she realizes his/her true potential. It is not meant to be fault-finding process. Instead, it is intended to be a developmental one. The Reporting Officer and the Reviewing Officer should not shy away from reporting shortcomings in performance, attitudes or overall personality of the officer reported upon.
 3. The columns should be filled with due care and attention and after devoting adequate time. Any attempt to fill the report in a casual or superficial manner will be easily discernible to the higher authorities.
 4. If the Reviewing Authority is satisfied that the Reporting Authority had made the report without due care and attention he shall record a remark to that effect in Section IV. The Controlling Authority shall enter the remarks in the dossier of the Reporting Authority.
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1. Every answer shall be given in a alpha / numeric form. The space provided indicates the desired length of the answer. No additional paper will be attached/pasted. Words and phrases should be chosen carefully and should accurately reflect the intention of authority recording the answer. Please use unambiguous and simple language. Please do not use omnibus expression like 'Outstanding', 'Very Good', 'Good', 'Average' and 'Below Average' while giving your comments against any of the attributes.
 2. The Reporting Officer shall, in the beginning of the year set quantitative/physical/financial targets in consultation with each of the officers with respect to whom he is required to report upon. Performance appraisal should be a joint exercise between the officer reported upon and the Reporting Officer. The targets/goals shall be set at the commencement of the reporting year i.e. April. In the case of an officer taking up a new assignment in the course of the reporting year, such targets/goals shall be set at the time of assumption of the new assignment.
 3. The targets should be clearly known and understood by both the officers concerned. While fixing the targets, priority should be assigned item-wise, taking into consideration the nature and the area or work and any special feature that may be specific to the nature or the area of the work of the officer to be reported upon.

4. Although performance appraisal is a year-end exercise, in order that it may be tool for human resource development, the Reporting Officer and the Officer reported upon should meet during the course of the year at regular intervals to review the performance and to take necessary corrective steps.
5. It should be the endeavour of each appraiser to present the truest possible picture of the appraisee in regard to his/her performance, conduct, behaviour and potential.
6. Assessment should be confined to the appraisee's performance during the period of report only.
7. Some posts of the same rank may be more exacting than other. The degree of stress and strain in any post may also vary from time to time. These facts should be borne in mind during appraisal and should be commented upon appropriately.
8. Aspects on which an appraisee is to be evaluated on different attributes are delineated below each column. The appraiser should deal with these and other aspects relevant to the attributes.
9. The APAR must be initiated and endorsed by the officer as prescribed in the channel of reporting, any deviation will render the impugned report technically invalid.
10. Actual date of completion will be indicated by the officer reported upon, Reporting Officer, Reviewing Officer and the Accepting Authority on the reverse side of the cover page.
11. Erasers, use of whitener and paper slips pasted for the purpose of revising original assessment are NOT acceptable. Such Reports may be technically invalid. Mistakes must be scored out neatly and signed in full.
12. A line must be drawn across unused space(s) and same authenticated by the reporting officer.
13. Guidelines regarding the numerical grading:
 - (i) The columns in the APAR should be filled with due care and attention and after devoting adequate time.
 - (ii) It is expected that any grading of 1 or 2 (against work output or attributes or overall grade) would be adequately justified in the pen-picture by way of specific failures and similarly, any grade of 9 or 10 would be justified with respect to specific accomplishments. Grades of 1-2 or 9-10 are expected to be rare occurrences and hence the need to justify them. In awarding a numerical grade the reporting and reviewing authorities should rate the officer against a large population of his/her peers that may be currently working under them.

- (iii) APARs graded between 8 and 10 will be rated as `outstanding' and will be given a score of 9 for the purpose of calculating average scores for empanelment / promotion.
 - (iv) APARs graded between 6 and short of 8 will be rated as `very good' and will be given a score of 7.
 - (v) APARs graded between 4 and short of 6 will be rated as `good' and given a score of 5.
 - (vi) APARs graded below 4 will be given a score of Zero.
14. Details given in Section 1 – Basic Information must be as per the documents maintained in the unit/formation.
15. Format based on the `The All India Service (Performance Appraisal Report) Rules, 2007', issued by DOPT.

Directorate General of Aeronautical Quality Assurance

**Proforma for Annual Performance Appraisal Report (APAR) of Permanently
Seconded Service Officers of Defence Aeronautical Quality Assurance Service**

Formation/Headquarters/Unit..... Branch.....

Report for the year.....Period from.....to.....

Section I : Basic Information

1. (a) Personal No and Decoration, if any :
- (b) Rank/Grade with date : (i) Acting/Temp-
: (ii)Substantive-
- (c) Date of Permanent Secondment to DAQAS Cadre :
2. Name of the officer reported upon :
3. Date of Birth :
4. Qualifications :
 - (a) Civil Academic :
 - (b) Professional/Technical :
 - (c) Foreign Language (with proficiency) :
5. Present Grade Pay and Pay Band :
6. Present appointment/Rank :
7. Date of appointment to the present post :
8. Reporting, Reviewing and Accepting Authorities :

| | Name and Designation | Period covered in the report |
|---------------------|----------------------|------------------------------|
| Reporting Authority | | |
| Reviewing Authority | | |
| Accepting Authority | | |

Note : Please do not leave any column blank

| |
|---|
| Name and initials of the Officer (reported upon) |
|---|

9. Period of absence (Earned / Annual Leave) during the year :
10. Training programmes attended during the year :
11. Awards and Honours :
12. Details of APAR/NIR/NIC rendered during the reporting year :

| | Name and Designation | Period | Type of Report |
|---------------------|----------------------|--------|----------------|
| Reporting Authority | | | |
| Reviewing Authority | | | |
| Accepting Authority | | | |

13. Date of filling of Property Return for the year ending December :
14. Date of last prescribed Medical Examination for Service Officers Over 40 years of age (Attach copy of Part `C' of Report) :
15. Medical Category for Service Officers :
- (a) Previous : SHAPE (to be entered by the officer)
- (b) Present : SHAPE (with authority)

Compiled by : (Sign) _____

(Name, Designation & Signature of Admin Personnel)

Date :

Checked by : (Sign) _____

(Name, Designation & Signature of Admin Personnel)

Date :

Note : Please do not leave any column blank

| |
|--|
| Name and initials of the Officer (reported upon) |
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2. Annual work plan and achievement :

| Tasks to be performed/Targets set for the year | Actual Achievement |
|--|--------------------|
| | |

Note : Please do not leave any column blank

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|--|
| Name and initials of the Officer (reported upon) |
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3. During the period under report, do you believe that you have made any exceptional contribution, e.g. successful completion of an extraordinary challenging task or major systemic improvement (resulting in significant benefit to the user/stake holder and/or reduction in time and costs)? If so, please give a description (within 100 words) :

4. What are the factors that hindered your performance?

5. Please indicate specific areas in which you feel the need to upgrade your skills through training programmes :

6. Declaration :

| | | Date |
|---|---------|------|
| Have you filed your immovable property return, as due? If yes, please mention date | Yes/No | |
| Have you undergone the prescribed medical check up? (for Service Officers only) | Yes/ No | |
| Have you set the annual work plan for all officers for the current year, in respect of which you are the reporting authority? | Yes /No | |

Date :

(Signature of officer reported upon)

Note : Please do not leave any column blank

| |
|--|
| Name and initials of the Officer(reported upon)..... |
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Section III : Appraisal/ Rating Sheet

1. Please state whether you agree with the responses relating to the accomplishments of the work plan and unforeseen tasks as filled out in Section II. If not, please furnish actual details.

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2. Please comment on the claim (if made) of exceptional contribution by the officer reported upon.

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3. Has the officer reported upon met with any significant failure in respect of his work? If yes, please furnish actual details.

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4. Do you agree with the skill upgradation needs as identified by the officer?

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Note : Please do not leave any column blank

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| Name and initials of the Officer (reported upon) |
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5. Assessment of Work Output (This assessment should rate the officer vis-à-vis his peers and not the general population. Grades should be assigned on a scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to the best grade. Weightage to this Section will be 40%).

| | | Reporting Authority | Reviewing Authority | Initials of Reviewing Authority |
|----------------------------------|---|---------------------|---------------------|---------------------------------|
| I | Accomplishment of planned work | | | |
| II | Quality of work output | | | |
| III | Accomplishment of exceptional or additional work/unforeseen tasks performed | | | |
| IV | Analytical ability | | | |
| Overall grading on `Work Output' | | | | |

6. Assessment of Personal Attributes (on a scale of 1-10. Weightage to this Section will be 30%)

| | | Reporting Authority | Reviewing Authority | Initials of Reviewing Authority |
|--|--------------------------------|---------------------|---------------------|---------------------------------|
| I | Attitude to work | | | |
| II | Sense of responsibility | | | |
| III | Maintenance of discipline | | | |
| IV | Interpersonal relations | | | |
| V | Communication skills | | | |
| VI | Leadership qualities | | | |
| VII | Team spirit | | | |
| VIII | Capacity to work in time limit | | | |
| Overall grading on `Personal Attributes' | | | | |

7. Assessment of Functional Competence (on a scale of 1-10. Weightage to this Section will be 30%)

| | | Reporting Authority | Reviewing Authority | Initials of Reviewing Authority |
|--|---|---------------------|---------------------|---------------------------------|
| I | Knowledge of Rules/Regulations/ Procedures in the area of function and ability to apply them correctly. | | | |
| II | Strategic planning ability | | | |
| III | Decision making ability | | | |
| IV | Coordination ability | | | |
| V | Ability to motivate and develop subordinates | | | |
| Overall grading on `Functional Competence' | | | | |

Note : Please do not leave any column blank

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|--|
| Name and initials of the Officer (reported upon) |
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8. Integrity (Please comment on the integrity of the officer)
 (This column should be filled up as per instructions/guidelines in Annexure II to the instructions of APAR)

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9. Attitude towards people belonging to SC/ST/OBC/PH categories :

(Applicable only in case of officers dealing with the development and protection of people belonging to SC/ST/OBC/PH categories and weaker Sections of the Society)

10. State of Health :

11. Recommendations relating to domain assignment (Please tick mark any four)

| | |
|--|--|
| Quality Assurance/Quality Planning | |
| AHSP Functions | |
| Staff Management Functions | |
| Training/Instruction ability/Knowledge management/Configuration Management | |
| HRD management/User interactive skills/Legal cases/Planning | |

Note : Please Do Not Leave Any Column Blank

| |
|--|
| Name and initials of the Officer (reported upon) |
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12. Penpicture by Reporting Officer

[General assessment of the officer reported upon including overall qualities, strengths, lesser strengths and attitude towards weaker sections and overall grading in the smaller box provided on a scale of 1-10 (the overall grading is to be based on addition of the mean value of each group of indicators in proportion to the weightage assigned)]

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13. Overall Grade (on score of 1-10)

(Signature of Reporting Authority)

Telephone No. _____

Date :

Place:

Note : Please do not leave any column blank

Section IV : Remarks by Reviewing Officer

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| Name and initials of the Officer (reported upon) |
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1. Do you agree with the assessment made by the Reporting Officer with respect to the work output and various attributes in Section III? Do you agree with the assessment of the Reporting Officer in respect of extraordinary achievements and/or significant failures of the Officer reported upon? Is the assessment justified or liberal? (In case you do not agree with any of the numerical assessment of attributes, please record your assessment in the column provided for you in that Section and initial your entries).

Yes/No

2. In case of difference of opinion, details and reasons for the same may be given.

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3. The pen picture by Reviewing Officer (in about 100 words) on overall qualities of the officer including areas of strength and lesser strength and his attitude towards weaker section.

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4. Recommendations relating to domain assignment (Please tick mark any four)

| | |
|--|--|
| Quality assurance/quality planning | |
| AHSP functions | |
| Staff management functions | |
| Training/Instruction ability/Knowledge management/Configuration management | |
| HRD management/User interactive skills/Legal cases/Planning | |

5. Overall Grade (on score of 1-10)

| |
|--|
| |
|--|

Date :

Place:

(Signature of Reviewing Authority)
Telephone No _____

Note : Please do not leave any column blank

