

**Proforma - I**

**ASSESSMENT FORM FOR THE TECHNICAL PERSONNEL  
(CATEGORY I) OF THE ICAR  
(To be completed by the concerned Estt Division)**

- 1. Reported period :
- 2. Name :
- 3. Date of birth :
- 4. Designation :
- 5. Present grade and scale of pay :
- 6. Date of entry into service :
- 7. Date of continuous appointment to the present grade :
- 8. Period of absence from duty, on leave, training, health, etc. during the period under report :

- 9. Academic / Professional qualifications (underline any qualifications obtained during the period under report) :

**PART I**

*(To be filled in by the Reviewee)*

Please furnish the following information.

- 10. Educational career:

Certificate/Diploma/Degree	Class/Grade	University/ Board/Institute
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(i)

(ii)

(iii)

(iv)

(v)

- 10. Additional qualifications / training acquired during the period under review:

- 11. Employment record for last five/ten years ending \_\_\_\_\_ starting with your present post, list in **reverse order** every employment you have had.

Name of employing organization	Designation	Salary/Scale of pay	Date of joining	Date of leaving
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Signature of Reviewee\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date:\_\_\_\_\_

**PART II**

*(To be fitted in by the Reviewer)*

1. Is the information provided by the reviewee is correct to the best of your knowledge?
2. Please give a resume of the work done by the reviewee during the last five/ten years ending on..... in relation to tasks assigned to him/her.
3. Please comment on reviewee's:
  - (a) Amenability to discipline
  - (b) Punctuality
  - (c) Integrity
4. Recommendations of the reviewer

Signature:.....

Date.....

Name:.....

(In Block letters)

Designation.....

**PART III**

Remarks of the Head of Division/Research Station/Project (if he/she is not the reviewer)

Signature:.....

Name:.....

(In Block letters)

Designation:.....

Date:.....

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**PART IV**

Recommendations of the Director (in case of employees of the Institute)/Secretary, ICAR (in case of employees of the ICAR headquarters and/or the centrally administered programmes).

Signature:.....

Name:.....

(In Block letters)

Designation:.....

Date:.....

