

**Proforma II**  
**ASSESSMENT FORM FOR THE TECHNICAL**  
**PERSONNEL (CATEGORY II) OF THE ICAR**

*(To be filled in by the Concerned Estt Section at Institute/ICAR hqrs)*

1. Reported period :
2. Name :
3. Date of birth/age :
4. Field of specialization :
5. Basic degree/diploma and the institution (the degree was obtained from) :
6. Date of entry into the Council's service :
7. Present grade and scale of pay :
8. Duties assigned to the post for which the person has been recruited :
9. Date of continuous appointment to the present grade :
10. Any other basic information :

(Besides the above information, the office may be required to furnish at the assessment all the information relevant to the employee's career before and after entry into the ICAR).

**PART I**

*(To be filled in by the Reviewee)*

Please furnish the following information:

1. Educational career

| Degree/Diploma/Certificate | Class/Grade | University/Board/Institute Year |
|----------------------------|-------------|---------------------------------|
|----------------------------|-------------|---------------------------------|

Master's degree or  
equivalent or any higher  
degree

Bachelor's degree/  
Diploma

Matriculation /school leaving  
certificate/higher secondary/  
PUC

---

2. (a) Subjects of specialization at the  
highest degree/diploma

(b) Subjects of specialization at the  
lower degree /diploma

3. Additional qualifications/training acquired in India and/or abroad (list of all part-time or short time trainings, not included in the educational career. Give dates, duties and duration of course).

4. Employment record of last five/ten years ending on starting with your present post, list in **reverse order** every employment you have had.

---

| Name of employing organization | Designation | Salary/<br>pay scale | Date<br>of<br>joining | Date<br>of<br>leaving | Nature of<br>duties<br>actually performed |
|--------------------------------|-------------|----------------------|-----------------------|-----------------------|---|
|--------------------------------|-------------|----------------------|-----------------------|-----------------------|---|

---

---

5. (a) Honours/awards etc.

(b) (i) Membership of professional societies

(ii) Offices and committees assignments held in professional societies

(c) Special invitations (this would refer to specific invitations to an individual to present a paper before professionally oriented meeting or to participate/ conduct a seminar)

(d) Special assignments covered (list each one giving dates) and briefly describe the work done

(e) Duration of absence from the institute for foreign visits, etc.

during the 5-10 years period (the number of months may be specified)

6. Is there any other type of work than your present job/ assignment that you would rather do in the institute or outside? If yes, please indicate

7. Please give below the productivity statement in respect of the work done by you during the period under review

(This is intended to reflect the actual performance by the reviewee during 5/10 years. Some of the items may not be applicable to the individuals based on the nature of the duties assigned. In such cases he/she may indicate against the items that it is not applicable. For items (a) to (e) please indicate the numbers only.)

(The items included in the statement are only illustrative and not exhaustive)

**Productivity**

**Past 5/10 years**

(a) Technical support for scientific work, such as:

- number of animals managed
- area of land/fish ponds managed
- number of projects served
- others (please specify)

**Productivity**

**Past 5/10 years**

(b) Training work such as:

- course (to be) taught
- special lectures/talks given by member
- Chairman/student advisory committees
- Others (please specify)

(c) Extension education work such as:

- radio/television talks
- field trips
- exhibitions
- farmers/cultivators (to be) contacted
- others (please specify)

(d) Team-work and co-operation mentioning specifically inter-disciplinary, inter-institutional and intra-institutional activities in which you were involved

(e) Institution /building activities, such as:

- Membership in special committees/ task-force
- organizing seminars/symposia in the institution
- any other (please specify)

(f) unpublished reports, papers, etc.

- (g) published work, if applicable, such as:
  - books/monographs
  - professional papers/articles
  - popular articles
  - book-reviews
  - professional communication to journals/magazines
  - professional abstracts
  - technical reports

- 
- 
- (h) Papers (to be) presented at professional meetings
- (i) Participation in professional meetings
- (j) Relationship with his/her professional colleagues:
  - (i) Guidance received
  - (ii) Guidance given
  - (iii) Participation in co-operative research programmes

- 8. Please append a precise resume of the work done during the period ending on .....with full supporting evidence, if any.
- 9. If some or all your professional work remained incomplete or have fallen below your expectations, please furnish reasons for that, and suggest improvement, if any.

Signature.....  
 Name.....  
 (In Block letters)  
 Designation.....

Date.....

---

**PART II**

*(To be filled in by the Reviewer)*

1. Is the information provided by the reviewee correct to the best of your knowledge?
2. Do you generally agree, with the position indicated by the reviewee against items 7,8 and 9 of Part I of the proforma.
3. Please comment on reviewee's
  - (a) Amenability to discipline
  - (b) Punctuality
  - (c) Integrity
4. Please give your critical appraisal of the work done by the reviewee with you.

5. Recommendations

Signature.....

Name.....

(In Block letters)

Designation.....

Date.....

**PART III**

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

Signature of Reviewer.....

Name.....

(In Block letters)

Designation.....

Date.....

---

**PART IV**

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

Signature of Reviewer.....

Name.....

(In Block letters)

Designation.....

Date.....