**GOVTERMENT OF HARYANA**

**FORM OF ‘ANNUAL CONFIDENTIAL REPORT’**

**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 **-------------------------------------------------------------------------------------------------**

Period of Report **-------------------------------------------------------------------------------------------------**

**PART - I**

1. Name of the employee: **---------------------------------------------------------------------------------------**

2. Father's Name: **---------------------------------------------------------------------------------------**

3. Date of continuous **---------------------------------------------------------------------------------------**

appointments on the post of

Driver.

|  |  |  |
| --- | --- | --- |
| Reporting  Authority**---------------------------** | Reviewing  Authority**---------------------------** | Accepting  Authority**---------------------------** |

**PART - III**

Important Notes : 1. Before writing the Annual Confidential Report, the Reporting/

Reviewing/ Accepting Authorities should read carefully the instructions

given in the end of the form.

2. Unless otherwise specified to the contrary, the Reporting Authority

should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’,

‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against

each column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | | State of health | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | | Punctuality Devotion to duty | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | | Ability to get along & behaviour with | |  |  |
| (i) | Superior officers | (i) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (ii) | Collegues | (ii) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | | Whether employee stays at his head- quarter after closing office and  during holidays? Reply in 'Yes' or  'No'. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | | Technical Knowledge about the vehicle which he drives. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | | Proficiency in safe driving and main-  Tenance of the vehicle. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | | Acquitance with traffic rules and  Other road signs. | |  |  |
| 8. | | Does he maintain the log book according to Govt. instructions?  Reply in Yes' or 'No'. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. | | Assessment of Integrity:  Has anything come to your notice  which reflect adversely on the officials’s integrity. Reply in 'Yes' or 'No'. If  Yes, please give details. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | | Any other comments. | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. | “Whether the officer/ official delivers the service or dispose of the case in a given time frame? (Reply in Yes' or 'No') | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. | Overall Grading based on  the assessement made from Sr. No. 2  to 10. | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |  | Signature of the Reporting Authority  Name in block letters :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : |
| **REMARKS OF THE REVIEWING AUTHORITY** | | | | | |
|  |  | | |  | Signature of the Reviewing Authority  Name in block letters : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : |