

**GOVERNMENT OF HARYANA**  
**FORM OF ANNUAL CONFIDENTIAL REPORT**  
(For Clerk & similar category employees)

Department : - Higher Education  
Office : - Govt. College for Women Rewari  
Period under Report : - 2019-20

**Part – I**

Name of the employee :-  
Father's Name :-  
Designation of the post held:-

Reporting Authority

Reviewing Authority

Accepting Authority

**Part-II**

1. Brief of duties assigned \_\_\_\_\_
2. State of Health \_\_\_\_\_
3. Conduct and Character \_\_\_\_\_
4. Punctuality and Regularity in attendance \_\_\_\_\_
5. Ability to get along and behavior with  
(a) Superior Officers (a) \_\_\_\_\_  
(b) Colleagues (b) \_\_\_\_\_  
(c) Public (c) \_\_\_\_\_
6. Amenability to Discipline \_\_\_\_\_
7. Devotion to duty & hardworking \_\_\_\_\_
8. General intelligence and Keenness to learn \_\_\_\_\_
9. Knowledge about department, Branch & office procedure \_\_\_\_\_
10. Proficiency in use of State Language 'Hindi' in his day to day official work. \_\_\_\_\_
11. Whether the employee stays at his headquarters after closing of office and during holidays? \_\_\_\_\_
12. Proficiency and Accuracy in typing. \_\_\_\_\_
13. Proficiency in work of maintenance of Registers, Files and other record. \_\_\_\_\_
14. Initiative and willingness to perform Any job of responsibility \_\_\_\_\_

15. Assessment of Integrity:  
Has any things come to your notice which  
Reflect adversely on the official's integrity  
or his ability to honestly execute his duties?  
Reply in 'Yes' or 'No'
- \_\_\_\_\_
- If yes please give details.
16. Whether there are any 'adverse remarks  
on the work and conduct of the  
employee? Reply in 'Yes' or 'No'  
If yes please give details.
- \_\_\_\_\_
17. Has the official done any outstanding  
or notable work meriting?  
Reply in 'Yes' or 'No'
- \_\_\_\_\_
- If yes please give details.
18. Suitability for promotion or  
Higher Scale of pay
- \_\_\_\_\_
19. "Whether the officer/official delivers the  
services or dispose of the case in a given  
time frame ? (Reply in 'Yes' or 'No')
- \_\_\_\_\_
20. Overall Grading based on the  
Assessment made from Sr. No. 2 to 13
- \_\_\_\_\_

Signature of the Reporting Authority  
Name in Block letters.....  
Designation.....  
Dated : \_\_\_\_\_

#### REMARKS OF THE REVIEWING AUTHORITY

(Tick one of these three items  
(a), (b) & (c) and strike out the  
remaining two).  
subject to the following observations.

(a) I endorse the above remarks.

(b) I generally agree with the above views

\_\_\_\_\_

(c) I do not agree with the above remarks  
in column :

\_\_\_\_\_

Signature of the Reviewing Authority  
Name in block letters : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date :

**Remarks, if any, or countersignatures of the Accepting Authority.**

Signature of the Accepting Authority  
Name in block letters : \_\_\_\_\_  
Designation : \_\_\_\_\_