All India Institute of Medical Sciences, Jodhpur

CIRCULAR

As per provisions laid down under the Govt. of India in the matter of writing of ACRs/APARs of the employees a strict time schedule is needed to be adhered to by all the authorities concerned. The time schedule so prescribed by the Govt. of India is as follows and is needed to be strictly complied with:-

**Time Schedule for Preparation of Confidential Report.**

<table>
<thead>
<tr>
<th>S/No</th>
<th>Nature of action</th>
<th>Date by which to be completed</th>
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<tbody>
<tr>
<td>01.</td>
<td>Distribution of Blank APAR forms to all concerned (i.e. to faculty to be reported upon where self-appraisal has to be given and to Reporting Officer where self-appraisal is not to be given)</td>
<td>31st March (This may be completed even a week earlier)</td>
</tr>
<tr>
<td>02.</td>
<td>Submission of self-appraisal to Reporting Officer by faculty to be reported upon (where applicable)</td>
<td>15th April</td>
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<td>03.</td>
<td>Submission of report by Reporting Officer to Reviewing Officer.</td>
<td>30th June</td>
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<td>04.</td>
<td>Report to be completed by Reviewing Officer and to be sent to Administration or accepting authority, wherever provided.</td>
<td>31st July</td>
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<td>05.</td>
<td>Appraisal by accepting authority, wherever provided</td>
<td>31st August</td>
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<tr>
<td>06.</td>
<td>(a) Disclosure to the officer reported upon where there is no accepting authority.</td>
<td>1st September</td>
</tr>
<tr>
<td></td>
<td>(b) Disclosure to the officer reported upon where there is accepting authority.</td>
<td>15th September</td>
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<tr>
<td>07.</td>
<td>Receipt of representation, if any, on APAR</td>
<td>15 days from the date of receipt of communication</td>
</tr>
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<td>08.</td>
<td>Forwarding of representations to the competent authority</td>
<td>21st September</td>
</tr>
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<td></td>
<td>(a) Where there is not accepting authority for APAR</td>
<td>06th October</td>
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<tr>
<td></td>
<td>(b) Where there is accepting authority for APAR</td>
<td></td>
</tr>
<tr>
<td>09.</td>
<td>Disposal of representation by the competent authority</td>
<td>Within one month from the date of receipt of representation</td>
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<td>10.</td>
<td>Communication of decision of the competent authority on the representation by the APAR cell.</td>
<td>15th November</td>
</tr>
<tr>
<td>11.</td>
<td>End of entire APAR process after with the APAR will be finally taken on record.</td>
<td>30th November</td>
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</table>
In case any ACR/APAR for the past period is pending for completion, the concerned Head of the Organization in the case of attached/subordinate offices concerned in the Departments may take appropriate measures to ensure that the CR dossier is completed within the next 6 months either with the relevant ACR/APAR or the required "No Report Certificate" for valid reasons.

As per DOP&T guideline under section 55(2), the Department has been emphasizing from time to time the need to complete the APARs/ACRs of all classes in time for smooth Confirmation, Promotion, MACP/ASP and deputation to ex-cadre etc.

Therefore, the Reporting /Reviewing Officers are requested to ensure prompt disposal and submission of APARs/ACRs in the prescribed time schedule.

All Faculties/Officers are hereby requested to collect form from Admin Office.

This issues with the approval of Director.

Manish Kr. Srivastava
(Administrative Officer)

Copy to:

1. Director
2. DDA/FA/SE
3. All HODs
4. Guard file
All India Institute of Medical Sciences, Jodhpur

(Confidential Report)

(For all academic personal of and above the Grade of Lecture and equivalent grade i.e. Lecture, Assistant Professor, Associate Professor, Additional Professor and Professor)

<table>
<thead>
<tr>
<th>Report on</th>
<th>Department of</th>
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<tr>
<th>For the period from to</th>
<th>-</th>
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<tr>
<th>Date of joining at AIIMS:</th>
<th>Date of posting to present Department:</th>
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<tr>
<th>Present designation:</th>
<th>Date of appointment to present position:</th>
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<th>Whether on probation:</th>
<th>Date of acquiring the present salary:</th>
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<tr>
<th>Present salary</th>
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**PART-I**

(To be filled in by the officer whose work is being reviewed)

**ACADEMIC ACHIEVEMENTS:**

(State your academic achievements that are noteworthy for the year. This may include academic awards, admission to fellowship of academics etc.)

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NATURE OF WORK on which you have been engaged during the period of this report:

Teaching Research, Patient care etc.

Reference may be made here to any particular achievements outside the scope of your official duties... such as service to the cause of Medical Education or Community Welfare or National and International Service. Mention may also be made to contribution made to the work of the institute outside the scope of normal duties such as work on faculty, committees, organization of seminars, symposia, special lecture, looking after the department stores and other administrative work in the department.

(Be brief and to the point: the number of words MUST NOT exceed 50)

ACTUAL WORK LOAD: If you involvement in I & II below is only periodic then state the total period spent In hours per year, otherwise mention the period as desired)

I. CLINICAL LOAD:

Furnish hours per week / year spent by you in:

a) Patient care in outpatient service:
b) Patient care in inpatient service:
c) Patient care in special clinics(name the clinic)
d) In operation theatre:
e) In the case of non-clinical service departments (Pathology, Microbiology, Pharmacology, etc. Indicate work-load you carry per year:
II  THECHING: (For the whole year)

1. UNDERGRADUATE
   a. No. of lectures/ seminar allotted to you
   b. No. of lectures/ seminars taken by you
   c. Hours per week spent in clinical
      Teaching, demonstrations /tutorials.

2. POSTGRADUATE
   a. Hours per week spent in clinical
      Teaching, seminars, conference, journal
      club etc.
   b. No. of postgraduate students writing,
      These under you as a chief or as a co-
      supervisor.
   c. No. of postgraduate student working in
      Your unit/department of professional
      training.

3. RESEARCH (Use separate sheet for this column)
   a. Title of research projects in which you
      Have been involved in the previous year
      As:
         1. Chief Investigator
         2. Co-Investigator
   b. Title of research project in which you
      Were involved during the year under
      Review as:
         1. Chief Investigator
         2. Co-Investigator
   c. List your publications (Attach separate
      Sheet if there is more than one publication.
      Name of all authors, with full details of each
      Paper must be mentioned. Standard format
      As under should be used; "Pankaj SG, Sharma
      YR, Vane JR. (2010) Prostacyclin reduces the
      Number of 'slow moving' leucocytes in hamster
      Check pouch venules J.Physiol. 280:633"
d. List of papers presented by you in Conference (Name the conference and Attach separate sheet).

e. List of papers, with you as the co-Author presented in the conferences.

f. No. of Ph.D./D.M. /M.Ch. students Working under you as chief or co-Supervisor.

g. Please mention briefly the problems Which hampered you from achieving The best you can.

SUMMARY:

Sum up your contribution during this period in the various fields indicated above and state What you think to be your most significant achievements.

(Be brief and to the point; the number of words much not exceed 100)

Please sign. Here.............................................
PART- II

(To be filled in by the Reporting Officer)

Report on: Dr. ..........................................................................................................................

Designation: ..........................................................................................................................

Length of service put in by the officer being reported or under the Reporting Officer.

From: ................................................ Apr. ................................................to ........................................ March ................................................

(Record remarks in respect of only such qualifications of which you have first-hand knowledge. Please be precise and brief. Each statement is to be commented on separately).

I. INTEREST

II. RESEARCH ABILITY:

i) Interest in research.

ii) Theoretical ability and the capacity to interpret data.

iii) Experimental and Practical ability.

iv) Originality, Capacity to produce new and good ideas.

III. TEACHING ABILITY:

i) Interest in Teaching.

ii) Power of expression, Ability to express himself clearly and concisely.

iii) Punctuality and regularity at assigned sessions/seminars.

iv) Effectiveness, as a teacher/ as judged by peer rating/students rating.

v) Knowledge of current advances in his/her subject.

vi) Popularity with the students.
IV. PROFESSIONAL COMPETENCE.
I) General professional knowledge whether wide, through and up-to-date.
II) Competence in clinical skills or laboratory skill pertaining to his discipline.

V. ADMINISTRATIVE ABILITY
I) Organizing ability.
II) Initiative and drive.
III) Capacity to work in a team.
IV) General administrative efficiency.

VI. Assessment of the Officer’s overall work in his/her particular position

Exceptionally brilliant/Outstanding/Well above average standard/Good average man/The average Men fairly competent but without special ability or Initiative/Insufficient initiative and capacity for work without constant supervision/Indifferent but just Word retaining/Not worth retaining in the present Position.

GENERAL REMARKS

(Make any general comments you think desirable e.g. special remarks on any characteristics not brought out. Do you agree with the officer’s own account of work recorded in this report or is there anything you wish to modify or add)?

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Signature of Reporting Officer: ...................................................

Designation: .......................................................................................  

Date: .................................................................................................
NOTES FOR GUIDANCE OF REPORTING OFFICER:–

1. The preparation of reliable reports on the staff is an exceedingly important duty. In fairness to the staff reported on, as in the interest of the smooth and efficient working of the Department and the Institute Reports should be carefully and critically made. Reporting Officer should not discuss his assessment with anyone, except the Reviewing Officer, if the requires you to do so.

2. Concentrate on the factor at time and study the implication of each factor carefully. Do not feel obliged to Mark under every heading, as some of the headings may be inapplicable. Do not attempt to guess any quality, which you have not been able to judge at first hand. In such ses, make no marking at all.

3. Do not be afraid of giving low marking if they are called for. No one can equally good in every way and some low marking may be justified even for the most brilliant.

4. Markings should not take account of age.

5. Do not allow any personal feelings to govern the assessment. The assessment requires the appraisal of an officer in terms of his ACTUAL PERFORMANCE.

PART –III

I. REPORT BY REVIEWING OFFICER:

1. Do you agree with the officer’s own account as recorded in this report.

2. Do you agree with the observations of the Reporting Officer?

3. Do you agree with the reporting officer’s overall assessment of the officer reported
   Upon/Column VI of the Part II.

4. Assessment of Integrity.

5. Has the officer been informed of any markings below.
   ‘Normal’ with which you agree? If he/she has not been, please state why?

6. General remarks by reviewing officer, including a note of any particular achievement.

Signature of Reviewing Officer: .................................................................
Designation: ...........................................................................................
Date: ...........................................................................................................

Note: The Reviewing Officer should normally discuss the adverse markings which are below “normal” with the Reporting Officer and should make suggestion for improvement, to the reporting officer and, if necessary with officer reported upon and therefore, record His remarks against Column 5 and 6 above.
Remarks of the Accepting Authority

Signatures of Accepting Authority .................................................. Date ..........................................................

Designation ..............................................................................