

H.P.P.S.C. FORM 24
ASSESSMENT REPORT
PART-I (FACTUAL) (To be filled by the Reporting Officer)

Sr. No.	Particulars	
1	Name of the Appraise	
2	Date of Birth	
3	Academic / Technical Qualifications	
4	Service / Department	
5	Post held	
6	Date of retirement	
7	Period covered by this report. (a) Record of Employment : Record of Training Institutes attended, if any (for officers undergoing formal training) (b) Nature of duties on which he / she has been employed e.g. duties requiring public relations and field work, formulation of plans, general direction and execution thereof (c) Name, designation, academic / technical qualification and age of the Reporting Officers (d) Name and designation of the Reviewing Officer	

Note-1: For the purpose of this Report, the immediate superior of the appraise will be the Reporting Officer and the Head of the Department will be the Reviewing Officer;

Provided that where a Head of the Department or a higher officer is Reporting Officer, the Secretary to the Government of Himachal Pradesh in the concerned Department will be the Reviewing Officer.

Note-2: This report is to be sent to the Himachal Pradesh Public Service Commission by the Reviewing Officer with his remarks in part-III.

PART-II (Remarks by the Reporting Officer)

The Reporting Officer should give below his opinion about the personal and professional qualities of the Appraise. He should comment inter-alia on such performance factors as the Appraiser's mental capacity work-habits and aptitudes, poise, dependability relations with others capacity to express himself and discuss things decision making quality of judgment and integrity.

PERFORMANCE FACTORS

(i) Has the Appraiser justified his appointment in the present post / service?

Date: _____
Place: _____

Signature of the Reporting Officer

PART-III

(Remarks of the Reviewing Officer)

Brief remarks indicating whether assessment of the Reporting Officer may be accepted or rejected or otherwise modified.

Total picture in one word: Outstanding / Very Good/ Good/ Fair / Poor
(Please put a ring / circle round the appropriate rating)

Date: _____
Place: _____

Signature of the Reviewing Officer