**PROFORMA-I**

**ASSESSMENT FORM FOR TECHNICAL PERSONNEL OF CATEGORY-I, RPCAU, PUSA**

 ***(To be completed by the concerned Estt. Division)***

|  |  |  |
| --- | --- | --- |
| 1. | Reported period |  |
| 2. | Name |  |
| 3. | Date of birth/age |  |
| 4. | Designation |  |
| 5. | Present grade and scale of pay |  |
| 6. | Date of entry into the service |  |
| 7. | Date of continuous appointment to the present grade: |  |
| 8. | Period of absence from duty, on leave, training, health, etc. during the period under report: |  |
| 9. | Academic / Professional qualifications :*(Underline any qualifications obtained during the period under report)* |  |

**PART I**

***(To be filled in by the Reviewee)***

Please furnish the following information:

1. Educational career:

 **Certificate/Diploma/Degree Class/Grade University/ Board/Institute Year**

2. Additional qualifications / training acquired during the period under review:

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

**Name of employing organization Designation Salary/Scale of pay Date of joining Date of leaving**

Signature of Reviewee

Date Name

 Designation

**PART II**

***(To be filled in by the Reviewer)***

1. Is the information provided by the reviewee is correct to the best of your knowledge?
2. Please give a resume of the work done by the reviewee during the last five/ten years ending on in relation to tasks assigned to him/her.
3. Please comment on reviewee's:
	1. Amenability to discipline
	2. Punctuality
	3. Integrity
4. Recommendations of the reviewer

 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

Name

(In Block letters)

Designation

Date

**PART IV**

Recommendations of the Head of the Institution/Units/Department and/of the centrally administered programmes.

Signature

Name

(In Block letters)

Designation

Date