## SCHEDULE – II

## ANNUAL CONFIDENTIAL REPORTS

(For ACS II and all other Technical/non-Technical Class I to III Officers of the State)

[See Rule 4 (2) of the Assam Services (Confidential Rolls) Rules, 1990]					
	Report for the year/period ending				
PART-I PERSONAL		DATA			
	(To be filled up by the Office)				
1.	Name of Officer/employee				
2.	Name of service to which belongs				
3.	Date of Birth				
4.	Present Designation since				
5.	Period of absence from duty on leave training etc. during the period of report.				
6.	Description of work on which engaged during the period				
7.	Any special knowledge/experience/ training which facilitate to discharge the allotted work of the officer/employee.				
PART-II ASSESSMENT BY THE REPORTING AUTHORITY		EPORTING AUTHORITY			
	Name(s) and Designation of the Reporting Authority				
2. Period of Service of the incumbent under the Reporting Authority.					
(Separate forms to be used by different reporting officers)					
3. \$	State of Health:				
V	What is your opinion about his/her (a) aptitude,	initiative, drive and efficiency for -			
(i) Arrangement for work:					
	(ii) Execution for work:				
(t	o) Intelligence				

(c)	Attendance/Conduct and amenability to discipline	:			
(d)	Character with particular reference to reliability and integrity	:			
(e)	Knowledge of laws/rules and relevant office procedure	:			
(f)	Capacity of supervision, inspection an to create team spirit (where applicable				
(g)	Spirit service for and relationship with public/subordinate staff and superior officers	1:			
(h)	Physical stamina and aptitude for hard touring (where applicable)	:			
(i)	General remarks, if any	:			
(j)	What is your opinion about his/her fitness or otherwise for advancement for next higher rank	:			
	(FOR TECH	HNICAL OFFICERS ONLY)			
(k)	Professional ability	(i) Preparation of estinand projects	mates:		
(a)	Promptness and correctness in	(ii) Designs	:		
		(iii) Accounts	:		
		(iv) Control of expend	liture :		
Date			Recording Authority.		
PART-III OPINION OF THE REVIEWING AUTHORITY					
Name and designation of the Reviewing Authority:					
2.	Period of service of the incumbent under Reviewing: Authority				
3.	3. General opinion of the Reviewing Authority :				
4.	Graded	:			
Date:			Reviewing Authority		
PAR'	PART-IV REMARKS OF THE ACCEPTING AUTHORITY:				