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**All India Institute of Medical Sciences, Rajkot**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 AIIMS Rajkot (Govt. of India) is as follows and is needed to be strictly complied with:-

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

|  |  |  |
| --- | --- | --- |
| S/No | Nature of action | Through website of AIIMS Rajkot  https://aiimsrajkot.edu.in/ |
| 01. | 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) |
| 02. | Submission of self -appraisal to Reporting Officer by faculty to be reported upon (where applicable) | 15th April |
| 03 | Submission of report by Reporting Officer to  Reviewing Officer. | 30th June |
| 04. | Report to be completed by Reviewing Officer and to be sent to Administration or accepting authority, wherever provided. | 31st July |
| 05. | Appraisal by accepting authority, wherever provided | 31st August |
| 06. | (a) Disclosure to the officer reported upon where there is no accepting authority.   1. Disclosure to the officer reported upon where there is accepting authority. | 1st September 15th September |
| 07. | Receipt of representation, if any, on APAR | 15 days from the date of receipt of communication |
| 08. | Forwarding of representations to the competent authority  (a) Where there is not accepting authority for APAR  (b)Where there is accepting authority for APAR | 21st September 06th October |
| 09. | Disposal of representation by the competent  authority | Within one month  from the date of  receipt of  representation |
| 10. | Communication of decision of the competent  authority on the representation by the APAR cell. | 15th November |
| 11. | End of entire APAR process after with the APAR will be' finally taken on record. | 30th November |

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 through Official Website (Link: https://aiimsrajkot.edu.in/)

This issues with the approval of competent authority.

-Sd/-

Executive Director

AIIMS Rajkot

Copy to:

1. The Deputy Director, AIIMS Rajkot
2. All HODs, AIIMS Rajkot
3. Guard file, AIIMS Rajkot

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**All India Institute of Medical Sciences, Rajkot, India**

**(Confidential Report)**

(For Assistant Professor, Associate Professor, Additional Professor and Professors)

**(Only typed proforma is acceptable)**

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

**ID #......................................................................., APAR From ………………To……………….**

**PART-I**

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

**1.1 PERSONAL RECORD:**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Designation |  | |
| Department |  | |
| Permanent Address, |  | |
| Communication address |  | |
| Email ID |  | |
| Mobile # |  | |
| DoB |  | |
| Gender |  | |
| |  |  |  | | --- | --- | --- | | Qualification | Year | University/Institute | |  |  |  | |  |  |  | |  |  |  | | | |
| Awards & recognition:  1.  2. |  | |
| Date of Joining in AIIMS Rajkot |  | |
| Whether on probation (Yes / No) |  | |
| Level of Pay |  | |
| Health status (Certified by MS, AIIMS Rajkot and tests from AIIMS, Rajkot only) | Submitted | Not Submitted |
|  |  |
| Property Return | Submitted | Not Submitted |
|  |  |

**1.2 ACADEMIC ACHIEVEMENT**

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

**ID #......................................................................., APAR From ………………To………………..**

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

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

Teaching Research, Patient care etc.

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

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

|  |
| --- |
|  |

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

**1.4.1 CLINICAL LOAD:**

Furnish hours per week/ year spent by you in:

|  |  |  |
| --- | --- | --- |
| 1.4.1 | Patient care in outpatient service: |  |
| 1.4.2 | Patient care in inpatient service: |  |
| 1.4.3 | Patient care in special clinics (name clinic) |  |
| 1.4.4 | In operation theatre: |  |
| 1.4.5 | In case of non-clinical service departments (Pathology, Microbiology, Pharmacology, etc. indicate work-load you carry per year: |  |

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

**ID #......................................................................., APAR From ………………To……………….**

|  |  |  |
| --- | --- | --- |
| **1.5** | **TEACHING:** (For whole year) | |
| **1.5.1** | **UNDERGRADUATE** | |
| **1.5.1.1** | No. of lectures / seminar allotted to you- | |
| **1.5.1.2** | No. of lectures/ seminars taken by you | |
| **1.5.1.3** | Hours per week spent in clinical teaching, demonstrations / tutorials - | |
| **1.5.2** | **POSTGRADUATE** | |
| **1.5.2.1** | Hours per week spent in clinical teaching, seminars, conference, journal Club etc. – | |
| **1.5.2.2** | No. of postgraduate students writing, these under you as a chief or as a co-supervisor- | |
| **1.5.2.3** | No. of postgraduate students working in your unit/department of professional training. | |
| **1.6** | **RESEARCH** (Use separate sheet for this column) | |
| **1.6.1** | Title of research projects in which you have been involved in previous year As:  **Chief Investigator** | |
| **1.6.2** | **Co-Investigator** | |
| **1.6.3** | Title of research projects in which you were involved during year under review as:  **Chief Investigator** | |
| **1.6.4** | **Co-Investigator** | |
| **1.6.5** | **Extramural** |  |
| **1.6.6** | **Intramural** |  |
| **1.6.7**  **1.6.8**  **1.6.9**  **1.6.10**  **1.7**  **1.8** | 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. Vancouver format should be used.” | |
| List of papers presented by you in conference. | |
| List of papers, with you as co-Author presented in conferences (Name conference and attach separate sheet). | |
| No. of Ph.D. /D.M. /M.Ch. students Working under you as chief or co-supervisor. | |
| Please mention briefly problems which hampered you from achieving best you can. | |
| **ANY OTHER NOTABLE SUBMISSION** | |
|  | |

**Signature of Officer whose APAR is being filled**

**PART-II**

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

**ID #......................................................................., APAR From ………………To……………….**

**(To be field in by Reporting Officer)**

**2.1 Reporting Officer’s name**....................................................................................................................

**Designation**.................................. ........................... ........................... ........................... ......................

Length of service put in by officer being reported or under 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).

* 1. **interest**
  2. **research ability:**

Assessment of work output (weightage to this Section would be 30%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Reporting Authority** | **Reviewing Authority** | **Initial of Reviewing Authority** |
| **2.3.1** | Interest in research |  |  |  |
| **2.3.2** | Theoretical ability and capacity to interpret data |  |  |  |
| **2.3.3** | Experimental and Practical ability |  |  |  |
| **2.3.4** | Originality, Capacity to produce new and good ideas |  |  |  |
| **2.3.5** | Quality of output |  |  |  |
| **2.3.6** | Analytical ability |  |  |  |
| **2.3.7** | Extramural grant |  |  |  |
| **2.3.8** | Intramural grant |  |  |  |
| **2.3.9** | Publication |  |  |  |
| **2.3.10** | Presentation |  |  |  |
| **2.3.11** | **Overall Grading on ‘Research’** |  |  |  |

* 1. **TEACHING ABILITY:**

Assessment of work output (weightage to this Section would be 30%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Reporting Authority** | **Reviewing Authority** | **Initial of Reviewing Authority** |
| **2.4.1** | Interest in Teaching |  |  |  |

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

**ID #......................................................................., APAR From ………………To……………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.4.2** | Power of expression, Ability to express himself clearly and concisely |  |  |  |
| **2.4.3** | Punctuality and regularity at assigned sessions/seminars |  |  |  |
| **2.4.4** | Effectiveness, as a teacher/as judged by peer rating/students rating |  |  |  |
| **2.4.5** | Knowledge of current advances in his/her subject |  |  |  |
| **2.4.6** | Popularity with students |  |  |  |
| **2.4.7** | Attitude to work |  |  |  |
| **2.4.8** | Sense of responsibility |  |  |  |
| **2.4.9** | Maintenance of Discipline |  |  |  |
| **2.4.10** | Communication skills |  |  |  |
| **2.4.11** | **Overall Grading on ‘Teaching Ability’** |  |  |  |

* 1. **PROFESSIONAL COMPETENCE / CLINICAL / LABORATORY etc.**

Assessment of work output (weightage to this Section would be 30%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Reporting Authority** | **Reviewing Authority** | **Initial of Reviewing Authority** |
| **2.5.1** | General professional knowledge whether wide, through and up-to-date |  |  |  |
| **2.5.2** | Competence in clinical skills or laboratory or skill pertaining to his discipline |  |  |  |
| **2.5.3** | Leadership qualities |  |  |  |
| **2.5.4** | Capacity to work in team spirit |  |  |  |
| **2.5.5** | Capacity to adhere to time-schedule |  |  |  |
| **2.5.6** | Inter-personal relations |  |  |  |
| **2.5.7** | Overall bearing and personality |  |  |  |
| **2.5.8** | Organising ability |  |  |  |
| **2.5.9** | Strategic planning ability |  |  |  |
| **2.5.10** | Decision making ability |  |  |  |
| **2.5.11** | Coordination ability |  |  |  |
| **2.5.12** | Initiative and drive |  |  |  |
| **2.5.13** | Capacity to work in a team |  |  |  |
| **2.5.14** | **Overall Grading on ‘Professional Competence’** |  |  |  |

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

**ID #......................................................................., APAR From ………………To………………..**

* 1. **GENERAL COMPETENCE**

Assessment of work output (weightage to this Section would be 10%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Reporting Authority** | **Reviewing Authority** | **Initial of Reviewing Authority** |
| **2.6.1** | Knowledge of Rules/Regulations/ Procedures in area of function and ability to apply them correctly |  |  |  |
| **2.6.2** | General administrative efficiency |  |  |  |
| **2.6.3** | Integrity |  |  |  |
| **2.6.4** | Relations with public (wherever applicable) |  |  |  |
| **2.6.5** | State of Health |  |  |  |
| **2.6.6** | Assessment of Officer’s overall work in his/her particular position: |  |  |  |
|  | **Overall Grading on ‘General Competence’** |  |  |  |
| **2.6.7** | **Overall numerical grading on basis of weightage given in Section A, B and C in Part-3 of Report.** |  |  |  |

* 1. **Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.7.1** | Property return | Submitted | Not Submitted |
|  |  |
| **2.7.2** | Training requirements  *(Please give recommendations for training with a view to further improving effectiveness and capabilities of Officer)*  *“………* | | |
| **2.7.3** | Pen Picture by Reporting Officer  *(in about 100 words) on overall qualities of officer including area of strengths strength, extraordinary achievements, significate failures (ref: 3(A) & 3(B) of Part-2) and attitude towards weaker sections)*  *“………* | | |
| **2.7.4** | Make any general comments you think desirable  *(e.g special remarks on any characteristics not brought out. Do you agree with officer’s own account of work recorded in this report or is there anything you wish to modify or add)?)*  *“--------* | | |
| **2.7.5** | **Overall Grading on ‘Summary”** | | |

**Signature of Reporting Officer..............................................................**

**Designation..............................................................................................**

**Date..........................................................................................................**

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

**ID #......................................................................., APAR From ………………To………………..**

**NOTES FOR GUIDANCE OF REPORTING OFFICER:-**

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

2. Concentrate on one factor at a time and study implications of each factor carefully. Do not feel obliged to mark under every heading, as some of 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 markings if they are called for. No one can equally good in every way and some low marking may be justified even for most brilliant.

4. Markings should not take account of age.

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

**PART-III**

**3.1 REPORT BY REVIEWING OFFICER:**

3.1.1Do you agree with officer’s own account as recorded in this report.

3.2.2 Do you agree with observations of Reporting Officer?

3.2.3 Do you agree with reporting officer’s overall assessment of officer reported upon/Column VI of Part II.

3.2.4 Assessment of Integrity.

3.2.5 Has officer been informed of any markings below.

‘Normal’ with which you agree? If he/she has not been, please state why?

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

**Signature of Reviewing Officer..............................................................**

**Designation...............................................................................................**

**Date............................................................................................................**

**Note :** Reviewing Officer should normally discuss adverse markings which are below “normal” with Reporting Officer and should make suggestions for improvement, to reporting officer and, if necessary with officer reported upon and therefore, record his remarks against Column 5 and 6 above.

**Remarks of Accepting Authority**

**4.1 Comments by Accepting Authority**

|  |
| --- |
|  |

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

**Designation......................................................................................**