

PERFORMANCE APPRAISAL REPORT

For

Bihar Police Services (BPS) Officers

Government of Bihar

Performance Appraisal Report

For

Bihar Police Services Officers

Name of Officer:

Report for the year:

Period:

The Bihar Police Services (BPS), Performance Appraisal Report (PAR)

Performance Appraisal Report for the period from _____ to _____

Section I – Basic Information

(To be filled by PAR section of D.G (Police) Office)

1. **Name of the officer Reported upon:**

2. **Seniority List Number/Publication Year :**

3. **Date of Birth (DD/MM/YY) :**

4. **Height :**

5. **Weight :**

6. **Present Grade :**

7. **Present Post :**

8. **Date of Appointment to present post:**

9. Reporting, Reviewing and Accepting Authorities:

	Name & Designation	Period Worked
Reporting Authority		
Reviewing Authority		
Accepting Authority		

10. Period of absence on leave, etc.

	Period	Type	Remarks
On Leave (Specify type)			
Others (specify)			

11. Training Programs attended.

Date from	Date to	Institute	Subject

12. Awards/ Honours :

13. Date of filing the property return for the year ending December

14. Date of last prescribed medical examination (for officers above 40 years of age) (Attach copy of the summary of the report)

Date:

**Signature on behalf of
Admn/D.G (P) Office**

Section II – Self Appraisal

(To be filled in by the Officer Reported upon)

- 1. Brief Description of duties**
(Objectives of the position you hold and the tasks you are required to perform, in about 100 words)

- 2. Annual work plan & achievements:**

Task to be performed	Deliverables		Actual Achievements
	Initial	Mid Year	

- 3. During the period under report do you believe that you have made any exceptional contribution, for example successful completion of an extraordinarily challenging task or major systemic improvement (resulting in significant benefits to the public and/ or reduction in time and cost)? If so, please give a verbal description (not more than 100 words):**

4. Please state briefly the shortfalls in respect of your achievement. Please specify constraints or handicaps that you faced

5. Please indicate specific areas in which you feel the need to upgrade your skills through training programs:

6. Declaration

Have you filed your immovable property return, as due? If yes, please mention date.	Yes/No	Date
Have you undergone the prescribed medical checkup?	Yes/No	
Have you set the work plan for all officers for the current year, in respect of whom you are the reporting authority?	Yes/No	

Place:

Date:

Signature of the Officer Reported Upon

Section III - Appraisal

(To be filled in by the Reporting Officer)

1. Please state whether you agree with the responses relating to the accomplishments of the work plan and unforeseen task, as filled out in Section II. If not please furnish factual details.

2. Please comment on the claim (if made) of exceptional contribution by the officer reported upon

3. Has the officer reported upon met with any significant failure in respect of his work? If yes, please furnish factual details.

4. Do you agree with the skill up-gradation needs as identified by the officer?

5. **Assessment of work output (This assessment should rate the officer vis-à-vis his peers and not the general population. Grades should be assigned on a scale of 1-10, in whole numbers, with 1 referring to the lowest grade and 10 to the best grade. Weightage to this section will be 40%)**

	Item	Reporting authority	Reviewing Authority	Initials of Reviewing Authority
1	Accomplishment of Planned Work including training courses for various ranks.			
2	Quality of Output and effectiveness in areas like supervising, investigation.			
3	Accomplishment of notable achievements / unforeseen tasks performed.			
Overall Grading on 'Work Output'				

6. **Assessment of Attributes (on a scale of 1-10, weightage to this section will be 30%).**

	Item	Reporting authority	Reviewing Authority	Initials of Reviewing Authority
1	Attitude to work			
2	Sense of responsibility			
3	Overall bearing and personality			
4	Emotional Stability			
5	Communication Skills			
6	Moral Courage and willingness to take a professional stand			
7	Leadership qualities			
8	Capacity to work within in time limit			
Overall Grading on Personal Attributes				

7. Assessment of Functional Competency (on a scale of 1-10, weightage to this section will be 30%).

	Item	Reporting authority	Reviewing Authority	Initials of Reviewing Authority
1	Knowledge of laws/rules/procedures/IT skills and awareness of the local norms in the relevant area			
2	Strategic planning ability			
3	Decision making ability			
4	Initiative			
5	Interest in welfare of Policemen and their families and appraising ability			
6	Ability to motivate and develop subordinates/work in a team			
Overall grading on "Functional Competency"				

8. Integrity

Please comment on the integrity of the officer:

9. Pen picture by Reporting Officer, Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strengths and his attitude towards weaker sections.

10. Recommendation relating to domain assignment (please tick mark any four)

Anti-corruption & vigilance	Police Research & Development
Criminal Investigation (CID)	Network/ I.T.
Communication	Intelligence
Railways	Counter- Insurgency
Economic Offences	Security (V I P & Industrial)
Traffic	Armed Police Batallion
Law & Order	Metropolitan & Urban Policing
Police Training	Anti Terrorism
Personnel Administration	Cyber Crimes
Border Management	Others
Forest & Wild life related crimes	

11. Overall Grading: (on a scale of 1 to 10)

Date:

Signature of the Reporting Officer

Name:

Designation:

Section IV - Review

1. Do you agree with the assessment made by the reporting officer with respect to the work output and the various attributes in Section III? Do you agree with the assessment of the reporting officer in respect of extraordinary achievements and/or significant failures/shortfall of the officer reported upon? (In case you do not agree with any of the numerical assessments of attributes please record your assessment in the column provided for you in that section and initial your entries)

YES	NO
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2. In case of difference of opinion details and reasons for the same may be given.

3. Comments, if any, on the pen picture written by the Reporting Authority.

4. Recommendation relating to domain assignment (please tick mark any four)

Anti-corruption & vigilance	Police Research & Development
Criminal Investigation (CID)	Network/ I.T.
Communication	Intelligence
Railways	Counter- Insurgency
Economic Offences	Security (V I P & Industrial)
Traffic	Armed Police Batallion
Law & Order	Metropolitan & Urban Policing
Police Training	Anti Terrorism
Personnel Administration	Cyber Crimes
Border Management	Others
Forest & Wild life related crimes	

Overall Grading: (on a scale of 1 to 10)

Date :-

Signature of Reviewing Authority

Name :

Designation :

Section V - Acceptance

1. Do you agree with the remarks of the reporting / reviewing authorities?

YES	NO
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2. In case of difference of opinion details and reasons for the same may be given.

Overall Grading: (on a scale of 1 to 10)

Date :-

Signature of the Accepting Authority

Name :

Designation :

SECTION VI
PROFORMA FOR HEALTH CHECK UP

Date:

Name

Age

Sex: M/F

Brief clinical history, if any:

A: Examination

Physical

Systemic

Investigations:

Haemogram

Hb%

TLC

DLC

Peripheral Smear

Blood Sugar

F

P.P

Lipid Profile

Total Cholesterol

HDL Cholesterol

LDL Cholesterol

VLDL Cholesterol

Triglyceride

Liver Function Test

Total Bilirubin

Direct Bilirubin

Indirect Bilirubin

SGOT

SGPT

ALK Phosphatase

Kidney Function Test

Urea

Creatinine

Uric Acid

Electrolytes

Na+

K

Calcium

Inorganic Phosphates

Cardiac Profile

CPK

CK-MB

LDH

SGOT

Urine

Routine

Microscopic

Sugar

Albumin

E.C.G

+X-ray Chest

Ultra Sound Abdomen

Any other Investigation

Advise

B: Medical Report of the Officer

1.	Haemoglobin level of the officer	Normal/Low
2.	Blood Sugar level	Satisfactory/Normal/High/Low
3.	Cholesterol level of the officer	Normal/High/Low
4.	Liver functioning	Satisfactory/normal/dysfunctioning
5.	Kidney Status	Normal/Both-one kidney not functional optimally
6.	Cardiac Status	Normal/enlarged/blocked/not normal

C: Summary of Medical Report (copy to be attached to PAR)

1.	Overall Health of the officer	
2.	Any other remarks based on the health medical check up of the officer	
3.	Health profile grading	

Date

Signature of Medical Authority
Designation