



# Atal Medical & Research University, H.P. (A State Govt. University)

(SLBS Govt. Medical College & Hospital Campus, Ner Chowk, Mandi, H.P.)  
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## Registrar's Office

### FORM FOR WRITING OF ANNUAL CONFIDENTIAL REPORT FOR CATEGORY "D" STAFF.

Office/Wing/Branch : \_\_\_\_\_ Report for the \_\_\_\_\_

(To be filled from the individual concerned from column 1 to 5)

1. Name of the Official : \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Period of continuation service in the office/department : \_\_\_\_\_
5. Nature of Work/Job entrusted : \_\_\_\_\_
6. Observations of the Reporting Officers: \_\_\_\_\_
  - i) Punctuality \_\_\_\_\_ ii) Discipline \_\_\_\_\_
  - iii) Integrity \_\_\_\_\_ iv) Devotion of Duty \_\_\_\_\_
  - v) Proficiency of the skill \_\_\_\_\_ vi) Promptness and efficiency inhabited in the discharges of orders \_\_\_\_\_
  - vii) Social Behavior \_\_\_\_\_ viii) whether wear neat & clean uniform \_\_\_\_\_
  - ix) Overall Grading (Outstanding/Very Good/Good/Poor) \_\_\_\_\_
  - x) Any other remarks \_\_\_\_\_

**Signature of Reporting Officer  
With Designation and Stamp**

Recommendations of the Reviewing Officer \_\_\_\_\_

**Signature of the Reviewing Officer  
With Designation and Stamp**

Remarks in case the assignment of Reviewing Officer not accepted.

GRADING. (Outstanding/Very Good/Good/Poor) \_\_\_\_\_.

**Signature of the Accepting Authority  
Name.....  
Designation with stamp**