FOR ASSISTANT SUB-INSPECTOR, **UF. 43 (Revised)**

SUB-INSPECTOR, SERGEANT AND INSPECTOR **POLICE DEPARTMENT**

# GOVERNMENT OF THE PUNJAB

DISTRICT/REGION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

RECENT PHOTO

BRANCH /UNIT **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERFORMANCE EVALUATION REPORT**

FOR THE PERIOD ---------/-----/20------ TO ----------/----------/20------ -

**PART - 1**

(TO BE FILLED BY THE OFFICER REPORTED UPON)

NAME OF THE REPORTING OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE FIRST COUNTERSIGNING OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE SECOND COUNTERSIGNING OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2**

## OFFICERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK AND NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## ACADEMIC QUALIFICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF ENTRY IN SERVICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# POST HELD DURING THE PERIOD

**S.NO. POST/UNIT PERIOD**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses, if any, attended during the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATED:........................ SIGNATURE OF THE OFFICER UNDER REPORT

 **PART-3** ( To be filled by the Concerned Office)

**LEAVE AND ABSENCE RECORD**

Note: No PER will be initiated if the actual working period under report is less than three months

|  |  |  |
| --- | --- | --- |
| TYPE OF LEAVE/ABSENCE | TOTAL AVAILED | REMARKS/JUSTIFICATION |
| EARNED LEAVE |  |  |
| EX-PAKISTAN LEAVE |  |  |
| MEDICAL LEAVE |  |  |
| ABSENCE |  |  |
| TOTAL |  |  |

**RECORD OF GOOD AND BAD ENTRIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL NO. OF BAD ENTERIES DURING PERIOD UNDER REPORT | TOTAL NO. OF SCN/CHARGE SHEET ISSUED | TOTAL DECIDED | PENDING |
| FILED | MINORPENALTY | MAJORPENALTY |
|  |  |  |  |  |  |

**Brief about Major penalties:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART-4** (To be filled by reporting officer)

**QUALITY AND OUTPUT AS INDICATED IN ATTACHED P FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| POORBelow 40% | SATISFACTORY40%-50% | GOOD50%-80% | VERY GOOD80% or above |
|  |  |  |  |

 **PART - 5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameters for behavior towards service** | **A1** | **A** | **B** | **C** |
| 1. Quality and Output of work in light of performance in part-4 |  |  |  |  |
| 2. Rating as Officer Incharge of Police Station / Incharge Traffic Sector  (if appointed.) |  |  |  |  |
| 3. Rating as Supervisory Officer in miscellaneous/other appointments |  |  |  |  |
| 4. Drill, attitude towards Discipline, Appearance and Turnout  |  |  |  |  |
| 5. Initiative, Confidence and Drive |  |  |  |  |
| 6. Sense of responsibility and Commitment  |  |  |  |  |
| 7 Behavior with public and colleague |  |  |  |  |
| 8. Handling of public Complaints |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Integrity ( Degree from 1 to 5)  | **Good** | 1 | 2 | 3 | 4 | 5 | **Bad** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Fitness for retention after 25 years (applicable on completion of 24 years) | **Fit** | 1 | 2 | 3 | 4 | 5 | **Un-fit** |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 3. Fitness for promotion | Fit | Un-fit |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. Health Standard and physical appearance | Fit | Acceptable | Unfit |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Overall rating of report | AI | A | B | C |

## GENERAL REMARKS-PEN PICTURE

## Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name and Designation of the Reporting Officer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

**COUNTERSIGNING OFFICER**

1. Date on which adverse remarks (if any) conveyed by Countersigning Officer **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | **Evaluation by initiating officer** | Fair in light of Part-4 read with P Form | Exaggerated in light of Part-4 read with P Form |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. | **Overall rating** | A-1 | A | B | C |

4. **Remarks by First Countersigning Officer**

## Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name and Designation of the First countersigning Officer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECOND COUNTERSIGNING OFFICER**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Quality Of evaluation | Fair | Exaggerated |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. | **Overall rating** | A-1 | A | B | C |

## 3. Remarks by the Second countersigning Officer

## Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name and Designation of the Second countersigning Officer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disposal of appeal (if any) against Appeal adverse remarks adverse remarks

**adverse remarks for the year rejected partially expunged totally expunged**

**(TO BE FILLED AND CERTIFIED BY THE HEAD OF THE DISTRICT/UNIT)**

|  |  |  |
| --- | --- | --- |
| 1. Annual medical checkup report of fitness by Authorized M.S:
 | Yes | No |

1. Date of Submission of Annual Declaration of Assets
2. Diary No. and date of submission of PER Form by the officer reported upon**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_**\_\_\_**
3. Date of dispatch of PER Form to the initiating officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. Date of dispatch of PER Form to the 1st countersigning officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_**\_\_\_\_\_**
5. Date of dispatch of PER Form to the 2nd countersigning officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_**\_\_\_\_**

**REMARKS**:(Identify discrepancies):

 **(SIGNATURE OF THE BRANCH HEAD)**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR FILLING UP THE PERFORMANCE EVALUATION REPORT FORMS**

|  |  |  |
| --- | --- | --- |
| 1. | i. | The reporting and Countersigning Officers should be a) As objective as possible ; and b) Clear and direct, not ambiguous or evasive in their remarks |
|  | ii. | The over -riding importance of Part-4 should be clearly understood. |
|  | iii. | Over-rating should be eschewed by all Reporting / Countersigning Officers |
|  | iv. | Vague impressions based on inadequate knowledge or isolated incidents should be avoided. |
| 2. |  | The forms are to be filled in duplicate. Part-l&2 will be filled by the official being reported upon and should be type written. |
| 3. |  | Part - 3, 4 & 5 will be filled by the Reporting Officer and duly filled P form for respective unit will be attached as part of PER. |
| 4 |  | Assessment in the PER should be confined to the work done by the official reported upon during the period covered by the report. |
| 5 |  | Reporting Officer is expected to counsel the official being reported upon about his weak points and advise him how to improve. Adverse remarks should normally be recorded when the official fails to improve despite counseling. |
| 6 |  | The PER Form should be filled in a neat and tidy manner. Cuttings / erasures should be avoided and must be initiated wherever made. |
| 7 |  | The rating in Part-5 should be recorded by initiating the appropriate box. |
| 8 |  | For uniform interpretation of qualities etc. listed in Part-5, the two extreme shades are mentioned against each item. For example a very courteous official will be rated 'A1' in Part-5. An ill-behaved official will be rated 'C'. |
| 9 |  | The Countersigning Officer should weigh the remarks of the Reporting Officer against his personal knowledge of the official being reported upon, compare him with other officials of the same grade working under different Reporting Officers but under the same Countersigning Officer and then give his overall assessment in Part-5. In certain categories of cases remarks of a Second Countersigning Officer may also be required to be recorded in cases where the work of the official reported upon is supervised also by an officer outside the normal chain of supervisory command in respect of some technical aspects, such officer may send his remarks in respect of such specific aspects to the Second Countersigning Officer by the third week of January through a separate sealed cover. |
| 10 |  | If the Countersigning Officer differs with the grading or remarks given in Part-5 by the Reporting Officer, he should score it out and give his own grading in Red Ink. He is required to give his own assessment in addition to that of the Reporting Officer. |
| 11 |  | The Countersigning Officer should underline, in red ink, remarks which in his opinion are adverse and should be communicated to the official reported upon. |
| 12 |  | Time schedule for completion of PER |
|  | i. | The official to be reported upon should submit the PER Form after completing Part-1 & 2 to the Reporting Officer 1st day of January. |
|  | ii. | The Reporting Officer should record his remarks in relevant parts by the end of 1st Week of January and pass on the report to the Countersigning Officer by 8th January. |
|  | iii. | The Countersigning Officer should record his remarks by the end of second week of January and pass on the report to the Second Countersigning Officer, if any, by 16th January. |
|  | iv. | The final Countersigning Officer should also record his remarks within one week. |
|  | v. | Report writing should be completed within the month of January. |
| 13 |  | In the event of non submission of PER Form by the official reported upon within the stipulated time the Initiating Officer may proceed to initiate PER on the basis of information available in the department. |