

GOVERNMENT OF HARYANA

FORM OF ‘ANNUAL CONFIDENTIAL REPORT’
FORM OF “ANNUAL CONFIDENTIAL REPORT ” OF DRIVERS
(Application for Drivers of staff Cars/ Jeeps and other official vehicles)
Department of Animal Husbandry & Dairying, Haryana, Panchkula

Office of the -----

Period of Report -----

PART - I

- 1. Name of the employee: -----
- 2. Father's Name: -----
- 3. Date of continuous -----
appointments on the post of
Driver.

Reporting	Reviewing	Accepting
Authority-----	Authority-----	Authority-----

PART - III

- Important Notes :
- 1. Before writing the Annual Confidential Report, the Reporting/ Reviewing/ Accepting Authorities should read carefully the instructions given in the end of the form.
 - 2. Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’, ‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against each column.

- 1. State of health _____
- 2. Punctuality Devotion to duty _____
- 3. Ability to get along & behaviour with
 - (i) Superior officers (i) _____
 - (ii) Colleagues (ii) _____
- 4. Whether employee stays at his head-quarter after closing office and during holidays? Reply in 'Yes' or 'No'. _____
- 5. Technical Knowledge about the vehicle which he drives. _____
- 6. Proficiency in safe driving and main-Tenance of the vehicle. _____
- 7. Acquittance with traffic rules and Other road signs. _____

Name & Designation of the official-----

- 8. Does he maintain the log book according to Govt. instructions?
Reply in 'Yes' or 'No'. _____
- 9. Assessment of Integrity:
Has anything come to your notice which reflect adversely on the officials's integrity. Reply in 'Yes' or 'No'. If Yes, please give details. _____
- 10. Any other comments. _____
- 11. "Whether the officer/ official delivers the service or dispose of the case in a given time frame? (Reply in 'Yes' or 'No') _____
- 12. Overall Grading based on the assesement made from Sr. No. 2 to 10. _____

Signature of the Reporting Authority

Name in block letters : _____

Designation: _____

Date :

REMARKS OF THE REVIEWING AUTHORITY

Signature of the Reviewing Authority

Name in block letters : _____

Designation : _____

Date :