

No.18/1/2021-Admn-II

भारतीय आयुर्विज्ञान अनुसंधान परिषद स्वास्थ्य अनुसंधान विभाग, रवास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research

Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Dated: 22.2.2021.

To,

The Directors/Directors-in-Charge of permanent Institutes/Centres of ICMR.

Subject: Probation report format

Sir/Madam,

I am directed to forward herewith a copy of Probation report format to be filled up on DR as well as Promotion, wherever probation period is kept. It has to be filled on half yearly basis i.e. every six months of probation period. While declaring the successful completion of probation period, all such 6 monthly reports have to be reviewed.

Yours faithfully,

(Jagdish Rajesh)

Asstt. Director General (Admn.)

Encl: As above

Copy to:-

- 1. PS to DG/PS to Addl. DG/PS to Sr. DDG (A)/PS to Sr. FA
- 2. All Divisional Heads
- 3. ADG(A) 1/II
- 4. Dr. L.K.Sharma, Scientist 'E' soft copy of the same has been mailed at your email ID(sharma.lk@icmr.gov.in) for website upload.

INDIAN COUNCIL OF MEDICAL RESEARCH, NEW DELHI ASSESSMENT REPORT OF OFFICIALS ON PROBATION

For the Period from	to	(Except for	Group D Posts)
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INSTRUCTIONS

Each Officer's ability and fitness in his/her PRESENT occupation may be appraised with a reasonable degree of accuracy and uniformity, through this report. The assessment requires the appraisal of an officer in terms of his/her ACTUAL PERFORMANCE. It is essential therefore, that snap judgment be replaced by careful analysis, as you are building up leaders of tomorrow.

Please follow these instructions carefully:

- 1. Disregard your general impression of the Officer and concentrate on one factor at a time.
- 2. Study carefully the implications of each factor.
- 3. When assessing an Officer, call to mind instances that are typical of his/her work and way of acting. Do not be influenced by UNUSUAL CASES, which are not typical.
- 4. Make your assessment with the utmost care and thought. DO NOT ALLOW PERSONAL FEELINGS TO GOVERN YOUR ASSESSMENT.
- 5. After you have given your assessment for each factor, please sum up your general views about the Officer, indicating in it, any additional factors, particularly those related to his/her INTEGRITY and ability to correct himself/herself, if his/her faults are pointed out to him/her.

	<u>PART I</u>		
1	Name		
2	Date of Birth		
3	Date and post of entry in Service		
4	Present post held with date		
5	Section/Dept. in which worked		
6	Details of Trainings attended during the period		
7	Leave availed (Other than CL and Special Leave) during the period.		
8	Date of Completion of Probation Period		
9	Details of Publication made and Awards received during the Period		

PART II ASSESSMENT

(GIVE TICK MARK (v) AGAINST THE APPROPRIATE COLUMN)

	PERFORMANCE GRADE				
	Exceeds	Meets	Partially	Does not meet	
Performance factors	requirements	requirements	meets	requirements	
	of this job	of this job	requirements	of this job	
			of this job		
1	2	3	4	5	
1. MENTAL CAPACITY			dr.		
Efforts made to acquire					
Knowledge relevant to job					
2. Analytical ability					
3. Power of Grasp					
4. Spirit of Enquiry					
5. Power of Expression					
a. Oral					
b. Written					
c. Sense of responsibility					
2. WORK HABITS & ATTITUDES.			dan 14		
1. Aptitude					
2. Interest in work					
3. Promptness					
4. Initiative					
5. Originality					
6. Self-reliance					
7. Manner of performance					
(whether methodical &					
orderly)					
8. Thoroughness					
9. Punctuality					
10. Resourcefulness					
3. STABILITY					
1. Poise					
2. Fairness					
3. Dependability					

Performance factors	PERFORMANCE GRADE				
	Exceeds requirements of this job	Meets requirements of this job	Partially meets requirements of this job	Does not meet requirements of this job	
1	2	3	4	5	
4. ABILITY TO GET ALONG					
1. Tact					
2. Dealing with:					
(a) Subordinates					
(b) Fellow- officials					
(c) Superiors					
5. ABILITY TO MANAGE					
1. Quality of judgment					
2. Decision making					
3. Ability to plan and program					
4. Direction and Control					
Ability to evaluate the work of individuals and projects or schemes					

COMMENTS

Assessed by

Designation

General appraisal of the Officers' good and bad qualities in narrative form particularity those related to his/her integrity and ability to correct himself/herself if his/her faults are pointed out to him/her.

Name		

REMARKS OF THEREVIEWING OFFICER (NEXT HIGHER OFFICER)

Brief remarks indicating whether assessment of the Reporting Officer may be accepted or rejected or otherwise modified. If so, to what extent.

Signature with Date
And name of Reviewing Officer

Signature with date

	And name of Reviewing Office
Name:	
Designation:	

REMARKS AND RECOMMENDATIONS OF THE REVIEWING BOARD/COMMITTEE

(To be obtained on completion of Probation Period)

Recommendation whether the probationer:

1. Is fit for retention/confirmation

Or

Should be watched for another----- months (here list what improvements are required in the probationer)

Or

 May be tried for some other post (whether such a course is permissible under the relevant recruitment rules)

Or

 May be reverted to his substantive
 Post (here give reasons for recommending this course of action)

Or

5. Should be discharged from Govt. Service (here give reasons for recommending this course of action)

OVERALL GRADING

1) Outstanding 2) Very Good 3) Good 4) Average 5) Below Average

(Here obtain signature with Name and Designation of each member)

ORDER OF THE ADMINISTRATIVE CONTROLLING AUTHORITY

Signature with date Name and Designation