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भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH
स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)
DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)
वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली-110 029
V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX-4911, NEW DELHI-110029

No.16/112/2012-Admn.II

Dated: 6.5.2016

To

All the Directors/Directors-in-charge
of ICMR Institutes/Centres

Subject:- Form of Annual Performance Appraisal Report (APAR) of Multi Tasking Staff (MTS) --

Sir/Madam,

I am enclosing herewith a form of Annual Performance Appraisal Report (APAR) for maintaining for the post of Multi Tasking Staff (MTS) at Institutes/Centres/Hqrs. from 31st March, 2016 onwards. The APAR may be obtained from the concerned Reporting Officer in respect of individual concerned only at the time of consideration of their cases for grant of MACP/Promotion.

Yours faithfully,

(Bharat Bhushan)
Administrative Officer
For Director General

Encl: as above.

Copy to:

1. PS to DG
2. PS to Sr. DDG(A)
3. PS to Sr.FA
4. All Heads of Technical Divisions
5. ADG(AX/JP)
6. All Sr. AOs/Sr.ACOs/AOs/ACOs
7. IRIS Section for upload on ICMR website

INDIAN COUNCIL OF MEDICAL RESEARCH

**FORM OF ANNUAL PERFORMANCE APPRAISAL REPORT (APAR) OF
MULTI TASK STAFF (MTS)**

Report for the period:

1.	Name in Full	:	
2	Scale of Pay	:	
3.	Date of Birth	:	
4.	Total Service	:	
5.	Unit to which attained	:	
6.	Educational Qualification	:	
7.	Period of absence from duty on leave etc. during the year	:	
8.	Observation on	:	
	i) Intelligence	:	
	ii) Energy and reliability	:	
	iii) Punctuality in attendance	:	
	iv) Behaviors	:	
	v) Amenable to discipline	:	
	vi) Knowledge and Ability	:	
9.	Has he been responsible for any outstanding work during the period under review meeting special commendation? If so, what?	:	
10.	Has he been reprimanded for indifferent work or for any other causes? If so, brief particulars may be given.	:	
11.	Integrity (Please comment on the integrity of the official)	:	
12.	Remarks of the controlling Officer	:	

Signature & Name of the Reporting Officer:

Designation:

Date: