CONFIDENTIAL ACR/MUST/06



MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, (MUST) <u>ANNUAL CONFIDENTIAL REPORT FORM</u> (ASSISTANT/S.CLERK/J.CLERK)

Name of Office / Dept./College/Institute:							
Report for the period from		to					
	PART-I						
Nome		f D:					
	Name: Date of Birth						
Designation:BPS		Basic Pay					
Date of entry into University Service		Qualification					
Training course attended, if any,							
Nature of Duty on which employed							
PART-II							
Sr.#	(A) Performance	A1	Α	В	С	D	Remarks
1.	Referencing and Paging of notes and						
	correspondence.						
2.	Keeping of files and papers in tidy conditions.						
3.	Maintenance of records (including recording and						
	indexing)						
4.	Skill in noting and drafting where applicable						
5.	Has he a sound knowledge of Rules & Regulations						
	pertaining to the work entrusted to him.						
6.	Other duties; e.g. Cashier duties preparation of						
	bills, statements and returns, etc.						
7.	Regularity and punctuality in attendance.						
8.	Standard of work (a) quality						
	(b) out-put						
9.	Other Clerical duties e.g. typing. Diary/dispatch,						
	disbursement of cash, statements/ returns, etc.						
	(B) Personal Traits			1		r	
10.	Intelligence						
11.	Perseverance and devotion to duty						
12.	Co-operation and tact						
13.	Amenability to discipline						
14.	Does he maintain good control over the staff						
. –	working under him?						
15.	Trustworthiness in confidential and secret matters.						

Note: The rating should be recorded by initiating the appropriate box.

"Al" Very Good "A" Good "B" Average "C" Below average "D" Poor.

PART-III

(Appraise in the present grade by initiating appropriate columns below)

	GRADING	BY REPORTING OFFICER	BY COUNTERSIGNING OFFICER
i) Very good	(A1)		
ii) Good	(A)		
iii) Average	(B)		
iv) Below Average	(C)		
v) Poor	(D)		
FITNESS FOR PROMO	DTION	<u>i</u>	
Fit for promotion in h	nis turn		
Not fit for promotion	l		
Unlikely to Progress I	Further		

PART-IV

GENERAL REMARKS OF THE REPORTING OFFICER

Date:_____

Signature _____

Name: ______

Designation: _____

PART-V REMARKS OF THE COUNTERSIGNING OFFICER

Date:

Signature _____

Name: _____

Designation: _____