APPENDIX VI (C)

INCREMENT CERTIFICATION FORM FOR EXECUTIVE GRADES OFFICERS PART I [To be filled by the SAR/DR (Establishments) or SAS/DS (Personnel-UGC)]

1. Name : 2. Department / Division : 3. Designation :..... Date of Appointment to the present post: 4. 5. Salary Scale: Rs..... 6. Present Salary Step: Rs. 7. Date of Increment : Value of Increment: Rs. 8. 9. Present salary plus increment due : Rs..... 10. Period of Evaluation : 11. Whether E.B. passed (If applicable) : 12. If the officer has been warned, punished or commended during the period under

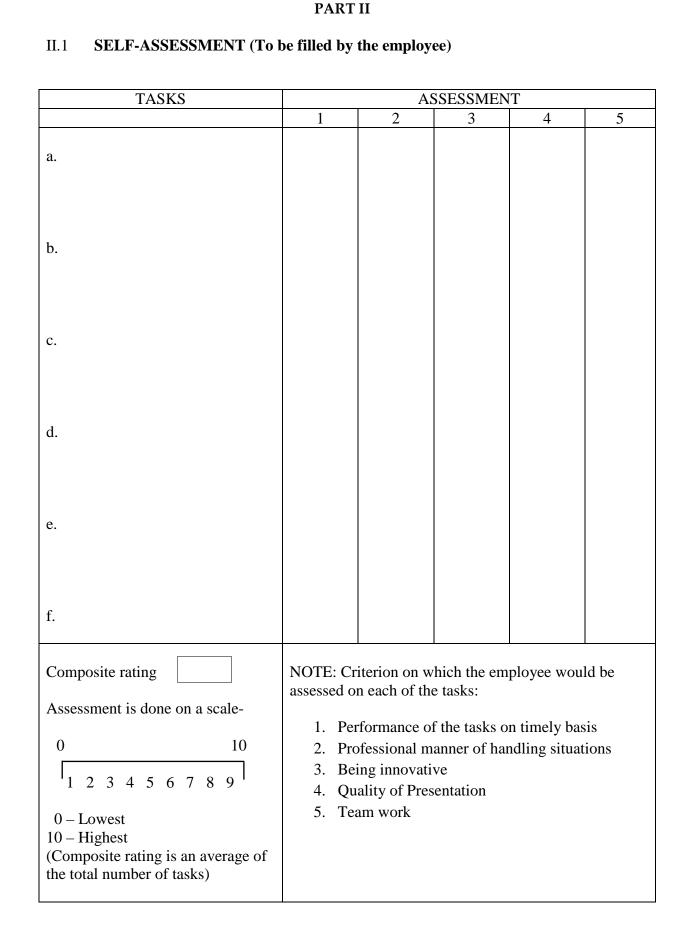
Leave particulars of past two years and the current year:

Year	<u>Casual</u>	<u>Balance</u>	<u>Vacation</u>	<u>Balance</u>	<u>No Pay</u>
		<u>Available</u>	<u>Available</u> <u>Available</u>		

Date:

appraisal give details:

Signature of the SAR/DR (Establishments) or SAS/DS (Personnel-UGC)



TASKS	ASSESSMENT					
	1	2	3	4	5	
b.						
b.						
с.						
d.						
е.						
f.						
Composite rating Assessment is done on a scale - 0 10 1 2 3 4 5 6 7 8 9 0 – Lowest 10 – Highest (Composite rating is an average of the total number of tasks)	 NOTE: Criterion on which the employee would be assessed on each of the task: 1. Performance of the tasks on timely basis 2. Professional manner of handling situations 3. Being innovative 4. Quality of Presentation 5. Team work 					

II.2 (To be filled by the Supervising Officer)

Others, if any :

Under each of the activity, mark the figures on the scale.

eg: if an employee receive a rating of 6 on the scale against the criterion 3 (i.e., being innovative) on the TASK-3, s/he should be marked 6 in respect of TASK - 3. The average of all TASKS will be the composite rate.

3 If the composite rating is three or less or eight or more the Supervisor must justify:

4 Suggestions for training and skills development of the employee or other suggestions:

Date:

Signature of Supervising Officer

PART III

(To be filled by the person being evaluated)

- 1. Comments on the evaluation (if any):
- 2. Employee's suggestions for improving the Department/Division/Office:
- 3. Specify contributions made by self during the year (if any) in addition to the assigned tasks

Date:

Signature of Employee

596

PART IV

(To be filled by the Supervising Officer)

- 1. Comments on 1 of PART III:
- 2. Comments on 2 of PART III:
- 3. Comments on the attendance during the year:

Annual increment recommended/not recommended.

(If not recommended, give reasons)

Date:

Signature of Supervising Officer

PART V

Recommendation of the Secretary (UGC)/Registrar/Secretary (University College)

Annual increment recommended/not recommended.

(If not recommended, give reasons)

Date:

.....

Signature

PART VI

Approval of Chairman/ Secretary of the UGC/ Vice-Chancellor/Rector/Director (as appropriate)

Annual increment is approved/Not approved.

(If not approved, give reasons)

Date:

Signature