

FORM OF CONFIDENTIAL REPORT FOR ARCHITECTURAL DRAFTSMAN/DRAFTSMAN GR-I/DRAFTSMAN GR-II/DRAFTSMAN GR-III UNDER P.W.D.

PART - I : PERSONAL DATA

Period from \_\_\_\_\_ to \_\_\_\_\_

1. Name (in capital letters) : \_\_\_\_\_
2. Qualification : \_\_\_\_\_
3. Date of appointment in the present Post : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_
5. Office of work : \_\_\_\_\_

PART - II : SELF APPRAISAL BY THE OFFICIAL :

(Important items of works handled during the reporting period)

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

NAME-----  
PERIOD-----

**PART-II. ASSESSMENT BY THE REPORTING OFFICER.**

(Put a tick mark in the appropriate box)

**Guidelines for grading**

- O = Outstanding
- VG = Very good
- G = Good
- A = Average
- BA = Below Average

|                                     |  | O                        | VG                       | G                        | A                        | BA                       |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ability to draw independently :  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Quality of design/drawing work : |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Knowledge of Architecture :      |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Capacity and output :            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Accuracy :                       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Promptness :                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Initiative and Resourcefulness : |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Creative ability :               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ability to read drawing :        |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Intelligence :                  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Amendability to discipline :    |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Quickness & Comprehension :     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. State of health :               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Integrity :                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Overall grading based on the above :  
grading report(put a ring round appropriate grading)

Outstanding/Very good/Good/Average/  
Below Average.

Reason for giving outstanding grade, if any;

Signature-----  
Name(in block letters)-----  
Designation-----

NAME-----

PERIOD-----

**PART.IV. REMARKS OF THE REVIEWING OFFICER.**

1. General remarks and comments :  
on the assessment of the Reporting  
Officer.
  
2. Acceptance or otherwise of overall  
grading given by the Reporting Officer. :
  
3. Fitness for promotion :  
a) Fit for promotion on turn :  
b) Non fit for promotion(give reason) :  
c) Fit for promotion out of turn :  
(give justification)

Signature-----

Name(in capital letters)-----

Designation-----

**PART - V : REMARKS OF ACCEPTING OFFICER :**

Signature-----

Name(in capital letters)-----

Designation-----