

**FIVE YEARLY ASSESSMENT FORM FOR THE TECHNICAL  
PERSONNAL OF ICAR (CATEGORY - I)**

**(TO BE FILLED IN BY DIRECTOR'S OFFICE)**

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1. Reported period :
2. Name :
3. Date of Birth :
4. Designation :
5. Present grade & Scale of pay :
6. Date of entry into service :
7. Date of continuous appointment  
to the present grade :
8. Period of absence from duty on  
leave, training, health etc.  
during the period under report :
9. Academic/Professional qualification :  
(Qualifications obtained during the period  
under report)

**PART- I**

**(To be filled in by the Reviewee)**

Please furnish the following information.

**Educational Career :**

Certificate/Diploma/ Degree	Class/ Grade	University/ Board/Institute
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- i)
- ii)
- iii)
- iv)
- v)
- vi)
- vii)

10. Additional qualifications/training acquired during the period under review :

11. Employment record of last five years ended \_\_\_\_\_ starting with your present post, list in reverse order every employment you have/had.

Name of employing organisation	Designation	Salary/ Scale of pay	Date of joining	Date of leaving
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12. Do you wish to have an opportunity for presenting before the Assessment Committee personally details of your work?

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

\_\_\_\_\_  
SIGNATURE OF REVIEWEE

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

**PART- II**

(To be filled in by the Reviewer)

1. Is the information provided by the Reviewee correct to the best of your knowledge?
2. Please give a resume of the work done by the reviewee during the last five years ended \_\_\_\_\_ in relation to tasks assigned to him/her :  
(attach separate sheet, if necessary)
3. Please comment on Reviewee's:  
(a) Amenability to discipline :  
(b) Punctuality :  
(c) Integrity :
4. Recommendations of the Reviewer :

Dated the \_\_\_\_\_

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

Name : \_\_\_\_\_

Designation : \_\_\_\_\_



**PART -III**

Remarks of the Head of Division/Research Station/Project (if he is not the Reviewer) :

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

Name : \_\_\_\_\_

(In block letters)

Designation : \_\_\_\_\_

Dated : \_\_\_\_\_

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**PART -IV**

Recommendations of the Director :

\_\_\_\_\_  
Signature of Director

Name : \_\_\_\_\_

(In block letters)

Designation : \_\_\_\_\_

Dated : \_\_\_\_\_