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:					
4.	Date of Appointment to the present post:					
5.	Salary Scale: Rs					
5.	Present Salary Step: Rs.					
7.	Date of Increment :					
8.	Value of Increment: Rs.					
9.	Present salary plus increment due : Rs					
10.	Period of Evaluation :					
11.	Wheth	ner E.B. passed	(If applicable)	:		
12.	If the officer has been warned, punished or commended during the period under appraisal give details:					
	Leave particulars of past two years and the current year:					
	<u>Year</u>	<u>Casual</u>	Balance Available	Vacation	Balance Available	No Pay

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

PART II

II.1 SELF-ASSESSMENT (To be filled by the employee)

TASKS		AS	SSESSMEN	T	
	1	2	3	4	5
a.					
b.					
c.					
d.					
e.					
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)	1. Per 2. Pro 3. Ber 4. Qu	iterion on we neach of the offermance of offessional ming innovational transity of Presam work	e tasks: f the tasks o anner of han ve	n timely bas	sis

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

TASKS		AS	SSESSMEN	T	
	1	2	3	4	5
b.					
b.					
c.					
d.					
e.					
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)	1. Per 2. Pro 3. Bei 4. Qu	n each of the	e task: f the tasks o anner of har ve	ployee would not timely based in grant timel	sis

Suggestions for training and skills development of the employee or other suggestions: Date:	Others, if	any :
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. If the composite rating is three or less or eight or more the Supervisor must justify: Suggestions for training and skills development of the employee or other suggestions: 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	U	nder each of the activity, mark the figures on the scale.
Suggestions for training and skills development of the employee or other suggestions: Date:	be	eing innovative) on the TASK-3, s/he should be marked 6 in respect of TASK - 3.
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	If	the composite rating is three or less or eight or more the Supervisor must justify:
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		
 (To be filled by the person being evaluated) Comments on the evaluation (if any): Employee's suggestions for improving the Department/Division/Office: Specify contributions made by self during the year (if any) in addition to the assigned tasks Date:	Oate:	
 Comments on the evaluation (if any): Employee's suggestions for improving the Department/Division/Office: Specify contributions made by self during the year (if any) in addition to the assigned tasks 		
 Employee's suggestions for improving the Department/Division/Office: Specify contributions made by self during the year (if any) in addition to the assigned tasks Date:		(10 be fined by the person being evaluated)
3. Specify contributions made by self during the year (if any) in addition to the assigned tasks Date:	1.	Comments on the evaluation (if any):
assigned tasks Date:	2.	Employee's suggestions for improving the Department/Division/Office:
	3.	
	D	ate:

PART IV

(To be filled by the Supervising Officer)

1. Comments	s on 1 of PART III:					
2. Comment	s on 2 of PART III:					
3. Comment	Comments on the attendance during the year:					
Annual in	crement recommended/not re	ecommended.				
(If not rec	commended, give reasons)					
Date:		Signature of Supervising Officer				
	I	PART V				
Recommenda	ation of the Secretary (UGC)/	Registrar/Secretary (University College)				
Annual in	crement recommended/not re	ecommended.				
(If not rec	commended, give reasons)					
Date:		Signature				
	P	PART VI				
Approval of appropriate)		the UGC/ Vice-Chancellor/Rector/Director (as				
Annual in	crement is approved/Not app	proved.				
(If not app	proved, give reasons)					
Date:		Signature				