

**Himachal Pradesh State Civil Supplies Corporation Limited,  
(A State Government Undertaking)**

**FORM OF ANNUAL CONFIDENTIAL REPORT IN RESPECT OF JUNIOR  
ASSISTANT/ CLERK (Year \_\_\_\_\_)**

1	Name			
2	Date of Birth			
3	Date of continuous appointment to the present grade			
4	Whether permanent, quasi-permanent or temporary			
5	Place of posting during the year under report			
<b>ASSESSMENT BY THE REPORTING OFFICER</b>				
6	State of Health state whether			
	(a) Physically energetic and (b) Mentally Alert			
7	Punctuality in attendance			
8	Intelligence keenness and industry			
9	Amenability to Discipline			
10	Achievement Target	Target	Achievement	%age of Achievement
	i) Controlled Items			
	ii) Non-controlled items			
11	Pattern of stock holding (monthly average to be indicated by number of days)			
	i) Controlled items			
	ii) Non-controlled items			
12	Sales Turnover			
	i) Controlled items	_____ %		
	ii) Non-controlled items	_____ %		
13	Inventory Management			
	i) Controlled items	_____ days		
	ii) Non-controlled items	_____ days		
14	Submission of periodical returns:			
	1. Is the daily sale summary being sent regularly to Area Office ?			
	2. Are the stock registers maintained properly?			
	3. Is the cash being deposited regularly?			
	4. Are the books of account maintained in a satisfactory manner?			
15	Have any defalcations/ abnormal shortages been detected at the retail shop/ godown in the charge of the			

	PDC? If yes, give details:	
16	Initiative and drive in promoting sales	
17	Behaviour and interaction with consumer and general public	
18	Maintenance of godown & retail outlet.	
19	Has he been reprimanded for in-different work or for other causes during the period under report? If so, give particulars;	
20	Honesty and integrity	
21	Overall assessment	

Signature of the Reporting Officer  
Name in Block Letter \_\_\_\_\_  
Designation: \_\_\_\_\_  
Date : \_\_\_\_\_

**REMARKS OF THE REVIEWING OFFICER**

21	Length of Service under the reviewing Officer:	
22	Do you agree with the remarks of the reporting officer. If not, indicate the extent of dis-agreement. If you wish to add any thing specific with regard to the work and conduct of the official over and above the remarks of the reporting officer please mention them. you may also sum up your views here:	

Signature of the Reviewing Officer  
Name in Block Letter \_\_\_\_\_  
Designation: \_\_\_\_\_  
Date : \_\_\_\_\_

Countersigned by the next higher officer with remarks, if any.

Signature of the Countersigning Officer  
Name in Block Letter \_\_\_\_\_  
Designation: \_\_\_\_\_  
Date : \_\_\_\_\_