

**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 | | | |
| ASSESSMENT BY THE REPORTING OFFICER | | | | |
| 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 anything 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 : _____