

Himachal Pradesh State Civil Supplies Corporation Limited,
(A State Government Undertaking)
FORM OF ANNUAL CONFIDENTIAL REPORT OF PRIVATE SECRETARY/ PERSONAL
ASSISTANT/ STENOGRAPHER/ STENO-TYPIST
STATION OF POSTING _____
REPORT FOR THE YEAR/ PERIOD FROM (_____)

1	Name	
2	Date of Birth	
3	Present Grade	
4	Date of continuous appointment to the present grade	
5	Name of Officer's with whom employed during the year and the period served with each	
6	Period of absence from duty on leave, training etc. during the year	
Part-II Assessment by the Reporting Officer (If any of the items mentioned below do not apply, the Reporting Officer should mention this fact against the relevant item.)		
7.	Sate of Health	
8	Regularity and punctuality in attendance	
9	Proficiency and accuracy in stenographic work	
10	Intelligence keenness and industry	
11	Trust-worthiness in handling secret and top-secret matters and papers	
12	Maintenance of engagement diary and timely submission of necessary papers for meetings, interviews etc.	
13	General assistance in ensuring that matters requiring attention are not lost sight of.	
14	Initiative and tact in dealing with telephonic calls and visitors	
15	Willingness to do extra work	
16	A) Fitness for promotion to higher grade (s) in his turn:	
	a) Fit	
	b) Not yet fit	
	c) Unfit	
	B) Has the official any special characteristics and / or any outstanding merits or abilities which would justify his advancement and special	

	selection for higher appointment out of turn? If so, please mention these characteristics briefly.	
	C) Recommendation regarding suitability for other spheres of work viz.	
17	Had he been reprimanded for indifferent work or for other causes during the period under report? If so, give brief particulars.	
18	Remarks as to defects in character, indebtedness etc. which may militate against efficiency and suitability	
19	General assessment of personality, character and temperament including relations with fellow employees, amenability to discipline etc.	
20	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: _____

