

**Directorate of Local Fund Audit, Odisha**  
**Treasury and Accounts Bhawan, Unit-III**  
**Kharavel Nagar, Bhubaneswar**

No. 7959/DLFA Date 30-6-14  
DLFA-FE-246/2013

To

All the Joint Directors/ Deputy Directors / Assistant Directors at Headquarter of  
Directorate of Local Fund Audit, Odisha.  
All the District Audit Officers of Local Fund Audit Organisation.

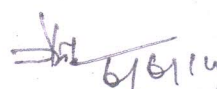
Sub: Recording of confidential remarks on the PARs of Audit Superintendent / Auditors of  
Local Fund Audit Organisation.

Sir,

In inviting a reference to the subject cited above, I am directed to inform you that the  
following officers are designated to put confidential remarks on the Performance Appraisal  
Report(PAR) of the Group-'B' officers i.e. Audit Superintendents/ Auditors of Local Fund Audit  
Organisation w.e.f. 2013-14 to onwards.

Officers reported upon	Reporting Authority	Countersigning Authority	Accepting Authority
1	2	3	4
Audit Superintendents/ Auditors.	Assistant Director/ D.A.Os	Deputy Director/ Joint Director	Director, LFA(O)


Yours faithfully,



Asst. Director

Memo No. 7960 // DLFA Date 30-6-14

Copy forwarded to all the Audit Superintendents/ Auditors of this Directorate of Local  
Fund Audit, Odisha for information and necessary action.



Asst. Director

**Performance Appraisal Report (PAR) for Group 'A' & 'B' officers of Govt. of Odisha**  
**Transmission Record**

(To be filled in by Appraisee )

Financial Year..... (for the period from..... to .....) )

Name & Designation of the Officer Reported Upon.....

.....

Service and Group (A/B) to which the Officer belongs.....

.....

**Details of Transmission / Movement of PAR**

(To be filled in at the time of transmission  
by respective officer/staff)

Transmission by	Transmitted to whom (Name, Designation & Address)	Letter No & Date of Transmission	Signature of Officer/Staff Transmitting the PAR
Appraisee			
Reporting Authority			
Reviewing Authority			
Accepting Authority			

**PERFORMANCE APPRAISAL REPORT**  
for  
Group 'A' & Group 'B' Officers of Govt. of Odisha.

Report for the financial year \_\_\_\_\_

( Period from \_\_\_\_\_ to \_\_\_\_\_ )

**PERSONAL DATA**

**PART-I**

(To be filled in by the Appraisee )

1. Full Name of the Officer:

2. Date of Birth:

3. Service to which the Officer belongs:

4. Group to which the Officer belongs(A or B):

5. Designation during the period of Report:

6. Office to which posted with Head Quarters:

7. Period(s) of absence (on leave, training etc.,  
if 30 days or more). Please mention date(s). :

8. Name & Designation of the Reporting Authority  
and period worked under him/her :

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

9. Name & Designation of the Reviewing Authority  
and period worked under him/ her :

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

10. Name & Designation of the Accepting Authority  
and period worked under him/her :

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Signature of the Appraisee

**PART-II****SELF-APPRAISAL**  
(To be filled in by the Appraisee )

1. Brief description of duties/tasks entrusted.(in about 100 words)

2. Physical/Financial Targets & Achievements

SI.No	Task	Target	Achievement	% of Achievement
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3. Significant work, if any, done

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature of Appraisee

**PART-III REMARKS OF THE REPORTING AUTHORITY**

1. (a) Name of the Officer Reported Upon:

(b) Period of report : From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Assessment of work output, attributes & functional competencies. (This should be on a relative scale of 1-5, with 1 referring to the lowest level & 5 to the highest level. Please indicate your rating for the officer against each item.)

Description	Rating	Description	Rating
(a) Attitude to work :		(f) Co-ordination ability:	
(b) Sense of responsibility:		(g) Ability to work in a team.	
(c) Communication skill :		(h) Knowledge of Rules/Procedures/ IT Skills/ Relevant Subject :	
(d) Leadership Qualities :		(i) Initiative :	
(e) Decision-making ability :		(j) Quality of Work :	

3. General Assessment (Please give an overall assessment of the officer including his/her attitude towards S.T/S.C/Weaker Sections & relation with public):

4. Inadequacies, deficiencies or shortcomings, if any (Remarks to be treated as adverse )

5. Integrity (If integrity is doubtful or adverse please write "Not certified" in the space below and justify your remarks in box 4 above)

6. Overall Grading (Please sign in appropriate box)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Overall Grading "Below Average" / "Outstanding" please provide justification in the space below.

Name of Reporting Authority:		Signature									
Designation during the period under report:											
Designation at the time of recording of remarks:											
Place :	Date	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART-IV REMARKS OF THE REVIEWING AUTHORITY**

**Name of the Officer Reported Upon:**

**Period of report : From** \_\_\_/\_\_\_/\_\_\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_\_\_

1. Please Indicate if you agree with the general assessment/ adverse remarks/ overall grading made by the Reporting Authority, and give your assessment.

2. Overall Grading (*Please sign in appropriate box*)

Outstanding (Grade-5)	Very Good (Grade-4)	Good (Grade-3)	Average (Grade-2)	Below Average* (Grade-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Reviewing Authority

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

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

		-			-				
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\* "Below Average" grading will be treated as adverse and should be justified, if Reporting Authority has not already justified

**PART-V REMARKS OF THE ACCEPTING AUTHORITY**

**Period of report : From** \_\_\_/\_\_\_/\_\_\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_\_\_

Name of Accepting Authority :

Signature

Designation during the period under report:

Designation at the time of recording of remarks:

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

		-			-				
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**FOR OFFICE USE BY THE PAR BRANCH**

[For review as well as other certificates/remarks]