

No.A.28019/1/2010-P&AR(GSW) GOVERNMENT OF MIZORAM DEPARTMENT OF PERSONNEL & ADMINISTRATIVE REFORMS (GENERAL SERVICE WING)

OFFICE MEMORANDUM

Dated Aizawl, the 29th May, 2013.

Subject:

Procedure for maintenance of Annual Performance Report (APR) in respect of Drivers.

In supersession of this Department's O.M. No. A. 28019/1/10 – DP&AR(GSW) Dt. 17.5.13, the Governor of Mizoram is pleased to order that the Annual Performance Report of all Drivers of Govt. of Mizoram will be Reported, Reviewed and Accepted by the respective authorities as shown below:-

| Sl.No. | Categories of Driver | Writing/recording of Performance | Authorities to write/ record in the APRs of Driver |
|-------------------------------|---|-------------------------------------|--|
| 1. | Driver attached to Governor/Chief Minister/ Speaker/ Ministers/ Dy. | Reporting | Private Secretaries to concerned high Dignitaries |
| | Speaker/ Parliamentary Secretary and their Private Secretaries | Reviewing | Officer incharge of the Deptt, by whom the vehicle and its Driver has been deployed to concerned high Dignitaries. |
| | | Accepting | Concerned Dignitary |
| Secretary/ Co Secretary/ A | Drivers attached to Chief Secretary/ Commissioner/ Secretary/ Addl. Secretary and | Reporting | Vehicle Supervisor in the Deptt./ Secretariat |
| | Heads of Deptt. and Driver of Pool Vehicle | Reviewing | Officer incharge of vehicle repair and maintenance in the Deptt./Secretariat. |
| | | Accepting | Officer to whom the Driver is attached and in the case of pool vehicles Sr. Officer incharge of vehicles. |
| 3. | Drivers in the District Division/Sub-Division Officer | Reporting | Officer incharge of the Vehicle |
| | | Reviewing | Next immediate higher officer incharge of vehicle in the Deptt. |
| | | Accepting | Director/Head of Deptt. of the Deptt. |

Prescribed form for writing of Performance Report is enclosed.

Sd/-K.LALRINZUALI

Joint Secretary to the Govt.of Mizoram

Deptt. of Personnel & Adve. Reforms

Memo NO.A.28019/1/2010-P& AR (GSW)

Dated Aizawl, the 29th May, 2013.

- Copy to:-
- Secretary to the Governor, Mizoram 1.
- Secretary to Chief Minister, Mizoram 2.
- P.S to all Ministers/Speaker/M.O.S/Dy.Speaker, Mizoram 3.
- P.S to all Parliamentary Secretaries, Govt. of Mizoram 4.
- 5. P.P.S to Chief Secretary, Govt. of Mizoram
- P.S to all Commissioner & Secretaries. 6.
- 7. Secretary, MPSC, Aizawl.
- All Administrative Department, Mizoram. 8.
- All Heads of Department, Mizoram. 9.
- 10. Joint Resident Commissioner, Delhi, Kolkata.
- Dy. Resident Commissioner, Silchar, Guwahati, Shillong, Mumbai, 11. Bangalore.
- 12. Guard File.

(K.LALRINZUALI)

Joint Secretary to the Government of Mizoram

Deptt. of Personnel & Adve. Reforms

FORM OF ANNUAL PERFORMANCE REPORT IN RESPECT OF DRIVER (APPLICABLE FOR ALL DEPARTMENT/OFFICES)

| Report for the | year/Period | ending | |
|----------------|-------------|--------|--|

PART -I (PERSONAL DATA)

| Ĺ. | Name of Driver | • |
|----|-----------------------------------|-----|
| 2. | Date of Birth | : |
| 3. | Name of Deptt/Office | : |
| 4. | Date of first appointment | : |
| 5. | Whether permanent or temporar | y: |
| 6. | Educational Qualification | : |
| 7. | Whether belongs to SC/ST | : |
| 8. | Driving License No. with validity | : |
| 9. | Period of absent from duty on lea | ave |
| | Training etc. during the year | : |

PART -II (ASSESSMENT BY THE REPORTING OFFICER)

| | Length of service under the | |
|----|----------------------------------|----|
| | Reporting Officer | : |
| 2. | State of Health | : |
| 3. | Nature of turn out of duty | |
| 4. | Integrity | : |
| 5. | General maintenance of vehicle | : |
| 6. | Whether he has met any acciden | t |
| | During the period under report | |
| | State extent of damage to vehicl | e/ |
| | whether the driver has been | |
| | incapacitated as a Driver | : |

| Fitness for grade promotion | (1) (2) (3) | Fit not yet fit unfit |
|--------------------------------|-------------------|---|
| | | |
| | | Signature of the Reporting Office Name in block letter |
| | | Designation |
| Place : Date : | | |
| Remarks of Reviewing Officer | | ÷ |
| Place : Date : | | |
| | | |
| | | Signature and Designation of the Reviewing Officer |
| Remarks of Accepting Authority | Ĺ | ; |
| Place : Date : | | |
| | | |

Signature and Designation of the Accepting Officer