



**THE BENAZIR BHUTTO SHAHEED  
UNIVERSITY OF TECHNOLOGY AND SKILL DEVELOPMENT  
KHAIRPUR MIRS**

Institute / Department / Center / Section .....

ANNUAL CONFIDENTIAL REPORT FOR THE PERIOD..... TO .....

FOR OFFICIALS IN BPS – 05 TO 15

(  TECHNICAL STAFF  NON-TECHNICAL STAFF)

**PART - I**

(To be filled in by the staff member)

Name in full.....

Father's Name.....

Qualification..... Date of Birth.....

Designation.....

Date of appointment.....

Date of last promotion and basic pay scale.....

Total service.....Y.....M, Date of superannuation.....

Knowledge of languages.....

Training if any.....

Community service (Please attached evidence).....

**POST (S) HELD DURING THE PERIOD**

POST	DURATION	YEAR AND PAY SCALE

*Evaluation to be done by the Reporting Officer/Head of the concerned Department/Institute/Center/Section*

**PART II**

Assessment factors	Maximum Points	Rating
1. <input type="checkbox"/> For Technical Staff - Technical Skills of relevant job <input type="checkbox"/> For Non-Technical Staff - Speed & accuracy of typing	06	
2. Intelligence and mental alertness	06	
3. Judgment & sense of proportion	06	
4. Initiative & Drive	05	
5. Power of expression (writing & speech)	06	
6. Ability to plan, organize and supervise the work	06	
7. Quality and Output of the work	06	
8. Perseverance and devotion to duty	06	
9. Cooperation and tact	06	
10. Integrity (Intellectual, Moral & Financial)	05	
11. Sense of responsibility	06	
12. Personality (general conduct and appearance)	06	
13. Behavior with public	06	
14. Observance of security measures	06	
15. Punctuality	06	
16. Reliability	06	
17. Physical fitness	06	
<b>Total</b>	<b>100</b>	

Did he/she participate in illegal strikes against the University?

Did he/she receive any show cause notice?

Apprise over all performance for reporting period by placing initial in the appropriate Box below.

90-100 Excellent	76-89 Very Good	60-75 Good	50-59 Average	Less than 50 Below Average
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Remarks & recommendations by the Reporting Officer of the concerned Institute / Department / Center / Section.

- A. Justification for rating
- B. Recommendation for improvement (if any)
- C. Pen Picture: Comment on any particular strong or weak points without repeating earlier part of the report. Indicate the future possible responsibilities / activities / posting suitable for the employee.
- D. Counseling: was the employee advised to improve during the reporting period. If so, mention aspects and the results / outcomes.

Name:..... Position: .....

Signature & Stamp:.....Date:.....

Remarks by the Countersigning Officer

Signature & Stamp:..... Date: .....

Adverse remarks if any, communicated vide letter No..... Date:.....