



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

Institute / Department / Center / Section

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

FOR STAFF CAR DRIVERS / HEAVY VEHICLE DRIVERS

PART - I

(To be filled in by the staff member)

Name in full.....

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

Designation..... BPS.....

Domicile..... Date of appointment

Type of License held & No..... Type of vehicles driven.....

Date of last promotion..... Total service.....Y.....M

PART - II

(To be filled in by Reporting Officer)

Place initial in the appropriate cell of the column for recording the performance

PERFORMANCE / PERSONAL TRAITS		Yes	No
1.	Is he amenable to discipline and rules of the staff vehicle and strict to observe them?		
2.	Is he capable of attending the petty repairs to the vehicle and is competent to do minor repairs and replacement of spares?		
3.	Is he fully conversant with and adheres to the traffic regulations and civil laws and observes the driving rules?		
4.	Has he been involved in any road accident or traffic offence and any adverse entry made in his driving license during the reporting period?		
5.	Is he co-operative and tactful?		
6.	Does he show proper courtesy and good manner towards staff using the staff vehicle?		
7.	Does he keep the vehicle clean and tidy?		
8.	Is he regular and punctual in attending office and place of duty?		
9.	Does he take due care of the documents of the vehicle issued to him?		

10.	Does he take care of the timely service / change of oil / parts of the vehicle as per guidelines of the service manual?		
11.	Does he maintain the log book of vehicle up to date?		
12.	Was there any loss / theft of University vehicle while in his possession during the reporting period?		
13.	Is he physically fit?		
14.	Has he taken any part in illegal strikes?		
15.	Did he receive any show cause notice?		

Apprise over-all reporting period performance by placing initial in the appropriate column below.

V. Good	Good	Average	Below Average	Poor

General remarks of the Reporting Officer:

DateSignature of Reporting Officer
Stamp

Remarks of Countersigning Officer

DateSignature of Countersigning Officer
Stamp

Adverse remarks if any, communicated vide No.....

Date.....