



सत्यमेव जयते

भारत सरकार Government of India

स्वास्थ्य और परिवार कल्याण मंत्रालय Ministry of Health and Family Welfare

प्रधान मंत्री स्वास्थ्य सुरक्षा योजना PMSSY

अखिल भारतीय आयुर्विज्ञान संस्थान All India Institute of Medical Sciences

[www.aiimsmangalagiri.edu.in](http://www.aiimsmangalagiri.edu.in)

मंगलगिरि, आंध्रप्रदेश Mangalagiri, Andhra Pradesh

F. No: AIIMS-MG/ADMIN/EST/08/2021-22/01

Date: 31/03/2022

**CIRCULAR**

**Sub:** - Called for submission of Annual Confidential Report (ACR) / Annual Performance Appraisal Report (APAR) for the period of 2021-22.

1. All permanent staff (Group 'A', 'B' & 'C') of AIIMS Mangalagiri is called for submission of their ACR/APAR for the year 2021-22.
2. The procedure for reporting, reviewing and accepting of ACR/APAR is as follows;

	Rank	Reporting Officer	Reviewing Officer	Accepting Officer
Teaching Personnel's	Professors Additional Professors Associate Professors Assistant Professors Tutors (Permanent)	Head of the Department	Respective Chief of Centre / Dean (Academic)	Director
	Head of Departments / Medical Superintendent	Respective Chief of centre / Dean (Academic)	Director	President, AIIMS Mangalagiri
Non-Teaching Personnel's	Group 'A', 'B' and 'C'	Head of the Departments / Chief of Centres	Deputy Director (Administration)	Director

3. ACR/APAR is to be written in respect of the employees who have worked under the control of the concerned reporting officer for more than three months in particular period in the concerned department/section.
4. ACR and APAR blank forms can be downloaded from the Institute website.
5. Time schedule for the recording and completion of ACR/APAR for the Year 2021-22 is enclosed as Annexure-I
6. This issues with the approval of Director, AIIMS Mangalagiri.

*Phool*  
31/3/2022

Dean (Academics)  
AIIMS Mangalagiri

To,  
All the staff of AIIMS Mangalagiri

**Copy to:**

1. Director, AIIMS Mangalagiri - For information please.
2. MS/ DDA/FA/AO AIIMS Mangalagiri.
3. All the Heads of Departments/Chief of centers.
4. Guard file.

All India Institute of Medical Sciences, Mangalagiri, Guntur, Andhra Pradesh, 522503

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**ANNEXURE-I****TIME SCHEDULE FOR PREPARATION/COMPLETION OF APAR  
(REPORTING YEAR-FINANCIAL YEAR)**

S.N.	Activity	Date by which to be completed
1.	Distribution of blank APAR forms to all concerned (i.e. to officer to be reported upon where self-appraisal has to be given and to reporting officers where self-appraisal is not to be given)	31 <sup>st</sup> March (This may be completed even a week earlier)
2.	Submission of self-appraisal to reporting officer by officer to be reported upon (where applicable)	15 <sup>th</sup> June
3.	Submission of report by reporting officer to reviewing officer	15 <sup>th</sup> July
4.	Report to be completed by Reviewing Officer and to be sent to the Chief Administrative Officer or ACR Cell or accepting authority, wherever provided.	31 <sup>st</sup> July
5.	Appraisal by accepting authority, wherever provided	31 <sup>st</sup> August
6.	(a) Disclosure to the officer reported upon where there is no accepting authority (b) Disclosure to the Officer reported upon where there is accepting authority	01 <sup>st</sup> September 15 <sup>th</sup> September
7.	Receipt of representation, if any, on APAR	15 days from the date of receipt of communication
8.	Forwarding of representation to the competent authority (a) Where there is no accepting authority for APAR (b) Where there is accepting authority for APAR	21 <sup>st</sup> September 06 <sup>th</sup> October
9.	Disposal of representation by the competent authority	Within one month from the date of receipt of representation
10.	Communication of the decision of the competent authority on the representation by the APAR Cell.	15 <sup>th</sup> November or obtaining of decision of the competent authority.
11.	End of entire APAR process, after which the APAR will be finally taken on record	30 <sup>th</sup> November

*J. Ghoshal*  
31/3/2022

डॉ. जॉय ए. घोषाल / Dr. JOY A. GHOSHAL  
अधिष्ठाता / DEAN

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी, आन्ध्र प्रदेश  
All India Institute of Medical Sciences, Mangalagiri, (A.P.)  
Ministry of Health and Family Welfare, Government of  
Mangalagiri, Andhra Pradesh, Pin-522 503



**NATURE OF WORK:** on which you have been engaged during the period of this report:  
Teaching Research, Patient care etc.

Reference may be made here to any particular achievements outside the scope of your official duties such as service to the cause of Medical Education or Community Welfare or National and International Service. Mention may also be made to contributions made to the work of the Institute outside the scope of normal duties such as work on faculty, committees, organization of seminars, symposia, special lectures, looking after the department stores and other administrative work in the department.

(Be brief and to the point; the number of words MUST NOT exceed 50)

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**ACTUAL WORK LOAD:** If your involvement in I & II below is only periodic then state the total period spent in hours per year, otherwise mention the period as desired).

**I. CLINICAL LOAD:**

Furnish hours per week/year spent by you in :

- a). Patient care in outpatient service:
- b). Patient care in inpatient service:
- c). Patient care in special clinics (name the clinic)
- d). In operation theatre:
- e). In the case of non-clinical service departments (Pathology, Microbiology, Pharmacology, etc. indicate work-load you carry per year:

**II. TEACHING:** (For the whole year)

1. **UNDERGRADUATE**

- a. No. of lectures/seminar allotted to you
- b. No. of lectures/seminars taken by you
- c. Hours per week/year spent in clinical teaching, demonstrations / tutorials.

2. **POSTGRADUATE**

- a. Hours per week spent in clinical teaching, seminars, conference, journal club etc.
- b. No. of postgraduate students writing, these under you as a chief or as a co-supervisor.
- c. No. of postgraduate students working in your unit/department of professional training.

3. **RESEARCH** (Use separate sheet for this column).

- a. Title of research projects in which you have been involved in the previous year as:
  1. Chief Investigator
  2. Co-Investigator
- b. Title of research projects in which you were involved during the year under review as:
  1. Chief Investigator
  2. Co-Investigator
- c. List your publications (Attach separate sheet if there is more than one publication. Name of all authors, with full details of each paper must be mentioned. Standard format as under should be used; “ Pankaj SG. , Sharma YR, Vane JR. (2010) Prostacyclin reduces the number of ‘slow moving’ leucocytes in hamster cheek pouch venules J. Physiol. 280: 633”

- d. List of papers presented by you in conference (Name the conference and attach separate sheet).
- e. List of papers, **with you as the co-author** presented in the conferences.
- f. No. of Ph.D/D.M./M.Ch. Students working under you as chief or co-supervisor.
- g. Please mention briefly the problems which hampered you from achieving the best you can.

**SUMMARY:**

Sum up your contributions during this period in the various fields indicated above and state what you think to be your most significant achievements.

(Be brief and to the point; the number of words must not exceed 100)

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Signature please: .....

Report on: Dr. ....

**PART-II**

(To be field in by the Reporting Officer)

Reporting Officer's name: .....

Designation: .....

Department: .....

Length of service put in by the officer being reported or under the Reporting Officer.

From.....April..... to .....March.....

(Record remarks in respect of only such qualifications of which you have first-hand knowledge. Please be precise and brief. Each statement is to be commented on separately).

**I. INTEREST:**

**II. RESEARCH ABILITY:**

- i. Interest in research.
- ii. Theoretical ability and the capacity to interpret data.
- iii. Experimental and Practical ability
- iv. Originality, Capacity to produce new and good ideas

**III. TEACHING ABILITY:**

- i. Interest in Teaching
- ii. Power of expression, Ability to express him-self clearly and concisely.
- iii. Punctuality and regularity at assigned sessions/seminars.
- iv. Effectiveness, as a teacher/ as judged by peer rating /students rating.
- v. Knowledge of current advances in his/her subject.
- vi. Popularity with the students.

**IV. PROFESSIONAL COMPETENCE**

- i. General professional knowledge whether wide, thorough and up-to-date.
- ii. Competence in clinical skills or laboratory skill pertaining to his discipline.

**V. ADMINISTRATIVE ABILITY**

- i. Organizing ability :
- ii. Initiative and drive :
- iii. Capacity to work in a team :
- iv. General administrative efficiency :

**VI. Assessment of the Officer's overall grading of work in his/her particular position:**

- i) Exceptionally brilliant
- ii) Outstanding
- iii) Well above average standard
- iv) Good average man
- v) The average men fairly competent but without special ability or initiative
- vi) Insufficient initiative and capacity for work without constant supervision
- vii) Indifferent but just worth retaining
- viii) Not worth retaining in the present position.

**Grading should be recorded by the Reporting Officer amongst the above grading :**

**GENERAL REMARKS**

(Make any general comments you think desirable e.g. special remarks on any characteristics not brought out. Do you agree with the officer's own account of work recorded in this report or is there anything you wish to modify or add)?

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**Signature of Reporting Officer .....**  
**(With Official seal)**  
**Designation.....**  
**Date:.....**



**NOTES FOR GUIDANCE OF REPORTING OFFICER:**

1. The preparation of reliable reports on the staff is an exceedingly important duty. In fairness to the staff reported on, as in the interest of the smooth and efficient working of the Department and the Institute, reports should be carefully and critically made. Reporting Officer should not discuss his assessment with anyone, except the Reviewing Officer, if he requires you to do so.
2. Concentrate on one factor at a time and study the implications of each factor carefully. Do not feel obliged to mark under every heading, as some of the headings may be inapplicable. Do not attempt to guess any quality, which you have not been able to judge at first hand. In such cases, make no marking at all.
3. Do not be afraid of giving low markings if they are called for. No one can equally good in every way and some low markings may be justified even for the most brilliant.
4. Markings should not take account of age.
5. Do not allow any personal feelings to govern the assessment. The assessment requires the appraisal of an officer in terms of his ACTUAL PERFORMANCE.

**PART-III**

**I. REPORT BY REVIEWING OFFICER:**

1. Do you agree with the officer's own account as recorded in this report?
2. Do you agree with the observations of the Reporting officer?
3. Do you agree with the reporting officer's overall assessment of the officer reported upon/ Column VI of the Part II.
4. Assessment of Integrity.
5. Has the officer been informed of any markings below 'Normal' with which you agree? If he/she has not been, please state why?
6. General remarks by reviewing officer, including a note of any particular achievement.

**Signature of Reviewing Officer .....**  
**(with Official seal)**

**Designation.....**

**Date: .....**

**Note:** The Reviewing Officer should normally discuss the adverse markings which are below "normal" with the Reporting Officer and should make suggestions for improvement, to the reporting officer and, if necessary with the officer reported upon and therefore, record his remarks against Column 5 and 6 above.

**PART-IV**

**I. REPORTED BY ACCEPTING AUTHORITY:**

1. Do you agree with the officer's own account as recorded in this report?
2. Do you agree with the observations of the Reporting Officer/ Reviewing Officer?
3. Do you agree with the Reporting/Reviewing Officer's over assessment of the officer reported upon?
4. Assessment of Integrity.
5. Has the officer been informed of any markings below "Normal" with which you agree, if he/she has not been, please given reason thereon?
6. General remarks by the Accepting Authority including a note of any particular achievement during the assessment period.

**Signature of Accepting Officer .....**  
**(With Official seal)**

**Designation.....**

**Date: .....**

**Note:** The Accepting Authority should normally discuss, in case the adverse marking which are below "Normal" with the Reporting Officer/Reviewing Officer and should make suggestions for improvement, to the reporting officer and, if necessary, the officer reported upon should be counseled thereon, record his remarks/adverse remarks/ below bench mark against Column.