

NO.A-28012/22/(Pt-II)/2009/CC/Pers/BSF/ 172-472
Government of India
Ministry of Home Affairs
Directorate General Border Security Force
(Pers Dte : Confd Section)

Block No.-10, CGO Complex,
Lodhi Road, New Delhi-110003

To

Dated, the 13 Jan '2016

HQrs Spl DG BSF (Eastern & Western Command)
All Frontier HQrs Incl IG (HQ) FHQ
The Director (A/Cs) PAD BSF/
All Training institutions Incl STS- I & II
All Sector HQrs Incl DIG(HQ) FHQ & DIsG ISD
All BSF BNs/ All STCs/ Arty HQrs Faridkot, ATS Faridkot
All BSF Arty Regts/ All Air Bases/
CENWOSTO/ CSMT Tekanpur/ TSU Tekanpur/
NTCD Tekanpur/ BIDR Tekanpur/
Signal Regiment FHQ BSF/ SIW/ SRO
All Water Wings.

AMENDMENT IN EXISTING ANNUAL PERFORMANCE ASSESSMENT REPORT (APAR) FORM : SI/INSPR/SM (SOs)

It is submitted that, the MHA vide OM No.I.45026/01/2015-Pers.II dated 27 March '2015 has conferred the responsibility upon the Reporting/Reviewing/ Accepting Authority, while writing the **Annual Performance Assessment Report (APAR)** to take into consideration the Displeasure issued to the **Member of the CAPFs** reported upon and to decide to reflect the same or not based on the improvement or otherwise after receipt of the displeasure or warning.

2. In this regard, the column of IG's and above rank Displeasure or warning in the existing APAR form of **SI/INSPR/SM (SOs)** is required to be inserted to ensure compliance of the latest instructions issued by MHA and avoid any adverse consequences in later stage.

3. Keeping in view of the above, the worthy DG BSF has approved, the following amendment which is to be incorporated in the existing APAR form for the rank of

SI/INSPR/SM :-

Part -III of APAR

Amendment

Between Integrity and Pen picture column

uplead

web dem

1. Name of the Member	
2. Designation	
3. Branch	
4. Date of Birth	
5. Date of Joining	
6. Date of Displeasure/Warning	
7. Date of Receipt of Displeasure/Warning	
8. Date of Receipt of Improvement/Warning	
9. Date of Receipt of Displeasure/Warning	
10. Date of Receipt of Displeasure/Warning	

Contd.....2/-


To be read as:-

क्या अधीनस्थ अधिकारी को मूल्यांकन अवधि के दौरान कोई डिसप्लेजर जारी किया गया है, यदि हाँ तो क्या इसकी संज्ञान एम.एच.ए. के ओ.एम. नं. 1.45026/01/2015-पर्स.11 दिनांक 27 मार्च 2015 के अनुसार रिपोर्टिंग अधिकारी द्वारा मूल्यांकन करते समय ध्यान में रखा गया है:-

If any displeasure of IG and above ranks is issued to the Subordinate officer during the assessment period. Has it been taken for consideration in the APAR as per MHA's OM No.1.45026/01/2015-Pers.II dated 27 March, 2015:-

4. The revised format of APAR form with amendment thus effected has been uploaded on BSF Web Site for further use w.e.f. the APAR year 2015-16 by all concerned.

Encl : As above.


(AJMAL SINGH KATHAT)
DIG (PERS/CONFD)
13 Jan '2016

Copy to :

01. All Dtes FHQ BSF - For similar action, alongwith one set of APAR forms.
02. IT Wing FHQ BSF - Request upload on IPPE(GENERAL DOWNLOAD)

उपनिरीक्षक/निरीक्षक/सूबेदार मेजर के लिए
FOR SI/INSPR/SM
(For all combatised cadres)



वार्षिक/आंशिक कार्य निष्पादन मूल्यांकन रिपोर्ट (वा.का.नि.मूरि.)
ANNUAL/PART PERFORMANCE ASSESSMENT REPORT (APAR)

..... से तक की अवधि के लिए
for the period from _____ to _____

भाग- I बुनियादी जानकारी (जिस अधिकारी की रिपोर्ट लिखी जा रही है, उसके द्वारा भरा जाए)

PART-I BASIC INFORMATION (To be filled by officer reported upon)

1. रेजीमेंटल नं०
Regt No : _____
2. पद
Rank : _____
3. नाम
Name : _____
4. (क) जन्म तिथि
(a) Date of Birth : _____
- (ख) वर्तमान पद की तारीख
(b) Date of present rank : _____
5. (क) यूनिट/मुख्यालय
(a) Unit/ Headquarter : _____
- (ख) स्थान
(b) Location : _____
6. रिपोर्ट लिखने की अवधि में कार्य
Employment during the period under report : _____
7. (क) रिपोर्ट लिखने वाले अधिकारी के अधीन
(a) Period under IO : _____ दिनों
days.

(ख) (b)	ड्यूटी से अनुपस्थिति Absence from duty	से From	तक To	दिन Days
	अर्जित अवकाश Earned leave			
	बीमारी/अस्पताल Sick/ Hospital			
	कोर्स Courses			
	अन्य कार्य (स्पष्ट करें) Other duties (Specify)			

8. योग्यता (क) शैक्षिक
Qualification : (a) Academic : _____
- (ख) तकनीकी
(b) Technical : _____

नाम Name
पद Rank

- (ग) विभिन्न व्यावसायिक कोर्स और प्राप्त की गई ग्रेडिंग :-
(c) Professional Courses attended and grading obtained:-

क्रम सं. S.No.	कोर्स Course	वर्ष Year	संस्थान Institution	ग्रेडिंग Grading

9. पुरस्कार और सजा (रिपोर्ट लिखी जाने वाली अवधि के दौरान)
Reward & Punishments (During the period under report)

- (क) मेडल व अलंकरण
(a) Medals & Decorations : _____
(ख) महानिदेशक का प्रशस्ति पत्र
(b) DG's CR : _____
(ग) पुरस्कार : डी.जी. आई.जी. डी.आई.जी. सी.ओ. (कुल)
(c) Rewards : DG _____ IG _____ DIG _____ CO _____ (TOTAL _____)
(घ) दण्ड
(d) Punishments : _____

10. घोषणा Declaration

क्या आपने निर्धारित चिकित्सकीय जाँच करवाई है ? Have you undergone the prescribed medical check up?	हाँ/ नहीं Yes/No	दिनांक Date	वर्तमान श्रेणी Present Category
यदि लो मेडिकल कैटेगरी है तो ऐसी कैटेगरी में कब से हैं (तारीख लिखें) If in Low Medical Category, Date from which placed in such category			
अक्षमता क्या है (स्पष्ट लिखें) Specific disability detected with percentage			
अगला पुनरीक्षण मेडिकल बोर्ड कब करेगा When a Review Medical Board is due			

दिनांक
Date :

स्वमूल्यांकन करने वाले अधिकारी के हस्ताक्षर
Signature of SO with date