

Period of probation period
From _____ to _____

FIRST YEAR
SECOND YEAR
EXTENDED PERIOD

Subordinate Statistical Service

-X-X-

FORM OF ASSESSMENT REPORT OF ASSISTANT
SUPERINTENDENT/INVESTIGATOR ON PROBATION

OFFICE OF THE

- 1. Name in full _____
- 2. Designation _____
- 3. Date of regular appointment _____
- 4. Post held and offices in which served during the period of probation _____
- 5. Experience prior to appointment on probation _____

ASSESSMENT BY THE REPORTING OFFICER

(Put tick mark against each entry in appropriate column. For other instructions see last page).

PERFORMANCE FACTORS	Exceeds requirements of this job	Meets requirements of this job	Partially meets requirements of this job	Does not meet requirements of this job
(1)	(2)	(3)	(4)	(5)
<u>MENTAL CAPACITY</u>				
1. Capacity in understanding schedules and instructions				
2. Sense of responsibility				
3. Ability to participate in discussions				
4. Spirit of enquiry				

II. <u>WORK HABITS & APTITUDES</u>				
1. Interest in work & aptitude				
2. Initiative & grasp of work				
3. Self-reliance				
4. Thoroughness				
PERFORMANCE FACTORS (1)	Exceeds requirements of this job (2)	Meets requirements of this job (3)	Partially meets requirements of this job (4)	Does not meet requirements of this job (5)
5. Timely disposal & submission of schedules				
6. Resourcefulness				
7. Dependability				
III. <u>ABILITY TO GET ALONG:</u>				
1. Fact				
2. Assistance rendered to subordinates and/or colleagues				
3. Relations with officials of other departments				
4. Behavior to superiors				
IV. <u>ABILITY TO MANAGE:</u> (For supervisory staff only)				
1. Ability to plan and execute programmes				
5. Direction & Control				
6. Ability to evaluate the work of individuals				

<u>V. TOURING & INSPECTION</u>				
1. Net days available				
2. No. of days on tour				
3. Adherence to tour programme				
<u>VI. MISCELLANEOUS:</u>				
1. Marks obtained at examination				

VII. Completion of Induction Training.

GENERAL ASSESSMENT.:

(General appraisal of the good and bad qualities in narrative form particularly those related to his integrity and ability to correct himself if his faults are pointed out).

Signature with date

Name in Block Letters of Reporting officer

REMARKS OF THE REVIEWING OFFICER:

(Brief remarks indicating what assessment of the reporting officer may be accepted or rejected or otherwise modified).

Signature with date and name in Block Letters