

**FORM OF ANNUAL PERFORMANCE REPORT IN RESPECT OF DRIVER
(APPLICABLE FOR ALL DEPARTMENT/OFFICES)**

Report for the year/period ending _____

PART-I (PERSONAL DATA)

1. Name of Driver : _____
2. Date of Birth : _____
3. Name of Deptt/Office : _____
4. Date of first appointment : _____
5. Whether permanent or temporary : _____
6. Educational Qualification : _____
7. Whether belongs to SC/ST : _____
8. Driving License No. with validity : _____
9. Period of absent from duty on leave
Training etc during the year : _____

PART-II (ASSESSMENT BY THE REPORTING OFFICER)

1. Length of service under the
Reporting Officer : _____
2. State of Health : _____
3. Nature of turn out of duty : _____
4. Integrity : _____
5. General Maintenance of Vehicle : _____
6. Whether he has met any accident
During the period under report
State extent of damage to vehicle/
Whether the driver has been
incapacitated as a Driver : _____

7. Fitness for grade promotion

- (1) Fit
- (2) not yet fit
- (3) unfit

Signature of the Reporting Officer
Name in block letter

Designation

Place : _____

Date : _____

Remarks of Reviewing Officer

Place : _____

Date : _____

Signature and Designation of the
Reviewing Officer

Remarks of Accepting Officer

Place : _____

Date : _____

Signature and Designation of the
Accepting Officer