

ORISSA POLICE

ANNEXURE – 2.

CONFIDENTIAL

**CONFIDENTIAL CHARACTER ROLL OF GROUP – 'C' POLICE OFFICERS
(TECHNICAL BRANCH) I.E. M.T. JEMADARS / SUB-INSPECTORS AND
EQUIVALENT RANKS / ASSTT.SUB-INSPECTORS / HAVILDAR
MAJORS AND EQUIVALENT RANKS.**

PART – I (PERSONAL DATA)
(To be filled up by office).

1. Confidential report for the year / period ending.
2. Name of the Officer.
(in full).
3. Designation / trade.
4. Date of birth and age on the date of report.
5. Place of posting (mention post / branch / unit / office).
6. Period of absence from duty :
on leave / training / suspension
etc. if any during the period / year.

PART – II. (ASSESSMENT BY REPORTING OFFICER).

7. State of health and temperament :

- (i) Health (please indicate whether the officer's state of health is).

- (a) Good. :

- (b) Indifferent. :

- (c) Bad. :

- (d) Having any other deformity. :

- (ii) Temperament and habit.
- (a) Is he calm and does he retain poise at times of pressure of work. :
- (b) Does he get provoked easily. :
- (c) Is he able to tolerate difference of opinion. :
- (d) Any other significant feature in his temperament / habit. :

8. Personality and manners.

- (a) Good. :
- (b) Average. :
- (c) Poor. :

9. Intelligence and understanding.

- (a) Exceptional and has clear grasp of any matter however complicated. :
- (b) Is intelligent and grasp a point correctly with reasonable speed. :
- (c) Shows a barely adequate grasp. :
- (d) Very slow and / or often misses the point. :

10. Discipline, control and management of staff.

(i) Power of commanding respect of enforcing discipline. :

(ii) Ability to inspire confidence and to get the best out of the staff. :

(a) Gets the best from them. :

(b) Gets along well. :

(c) Just manages. :

(d) Inadequate. :

(iii) Supervision and control.

(a) Excellent. :

(b) Very Good. :

(c) Good. :

(d) Average. :

(e) Poor. :

11. Relationship with the colleagues.

(a) Excellent. :

(b) Good. :

(c) Poor. :

12. Conduct towards superiors. :
13. Knowledge of Locality. :
14. Technical knowledge and proficiency / Trade.
- (i) Standard of.
- (a) Operation and maintenance. :
- (b) Supervision. :
- (c) Imparting instructions. :
- (ii) Attention to details in operation maintenance and supervision. :
- (iii) Theoretical knowledge. :
- (iv) Practical knowledge. :
15. Honesty and Integrity. :
16. Number of rewards and their nature during the period under report.
- (a) G.S.Mark. :
- (b) Money Rewards. :
- (c) Commendations. :

17. Number of punishment and their nature during the period under report.

(a) Major. :

(b) Minor. :

18. Steps taken to point out defects if any with results.

19. GRADING – Put signature in appropriate box -

While putting signature in box meant for outstanding, grounds for exceptional qualities and performance should be clearly recorded.

Outstanding Very Good Good Average Below
Average

--	--	--	--	--

Signature of the Reporting Authority.
Name in Block letters

Place : Designation

Date : (During the period of Report). .

PART – III. REMARKS OF THE COUNTERSIGNING OFFICER.

1. Length of service under the Countersigning Officer.
2. Is the Countersigning Officer satisfied that the Reporting Authority has made his / her report with due care and attention and after taking in to account all the relevant material ?
3. Do you agree with the assessment of the officer given by the Reporting Officer. (In case disagreement, please specify the reasons ; Is there anything you wish to modify or add ?)
4. General remarks with specific comments about the general remarks given by the Reporting Officer and remarks about meritorious work of the officer including the grading.

Contd....P/5

5. Has the officer any special characteristics, and / or any abilities which would justify his / her selection for special assignment or / out of turn promotion ? If so, specify.

Signature of the Countersigning Officer

Name in Block letters:
Designation

(As above)

Place :

Date : (During the period of Report)

PART – IV. REMARKS OF THE ACCEPTING AUTHORITY.
(i.e. next superior authority)

Signature of the Accepting Authority.

Name in Block letters

Place : Designation

Date : (During the period of Report)

PART – V. DATE OF COMMUNICATION OF ADVERSE REMARKS IF ANY,
(WITH INITIAL OF COMMUNICATING AUTHORITY).