

F. No. CS & Protocol/SPARROW/2022  
Government of India  
Ministry of Communications  
Department of Telecommunications  
Sanchar Bhawan, 20, Ashoka Road, New Delhi -110 001

Dated: 08 .01.2025

**OFFICE MEMORANDUM**

**Sub. Completion of Annual Performance Appraisal Reports (APAR) for the Year 2024-25 in view of retirement of Shri Md. Shahbaz Ali, CGCA- reg.**

The undersigned is directed to convey that Shri Md. Shahbaz Ali, CGCA is due to retire from Govt. Service on superannuation with effect from 31.01.2025 (A/N). As per rule, when a Reporting / Reviewing Authority retires, he/ she is allowed to write or review report of his / her subordinates within one month of his/her retirement.

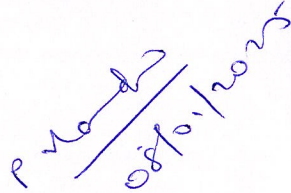
2. Therefore, the process for writing of APARs for the year 2024-25 ( Period from 01.04.2024 to 31.01.2025) is required to be undertaken in respect of officers of IP&TAFS Group 'A' for whom CGCA is the Reporting and Reviewing Authority.

3. All officers who directly report to the CGCA, as well as other officers for whom CGCA is the Reviewing Authority, are, requested to provide requisite information in Annexure-I (enclosed) in PDF format to this office e-mail ID [fin.sparrow.dot@gov.in](mailto:fin.sparrow.dot@gov.in) for generation of eAPARs for the period from 01.04.2024 to 31.01.2025 latest by 27.01.2025.

4 All officers for whom CGCA is Reviewing Authority are also requested to submit their self-appraisal to their respective Reporting Officer not later than 05.02.2025.

This issues with the approval of Competent Authority.

Encl. / As above.

  
(Nandini Palat)  
Director (SEA)

Tel. No. 011-23036059

To:-

1. Additional CGCA / Joint CGCA, DoT, New Delhi.
2. All Pr. CsCA /CsCA / Joint CsCA (Incharge)
3. ACAO (SEA-II) for uploading on DoT Website & e-Office.
4. Office Copy.

Copy to:-

1. PS to CGCA, DoT New Delhi for kind information.

**Annexure -I**  
For Officers posted in DoT Side and on deputation

**Details to be provided by IP&TAFS Group ‘A’ Officer(s) to PAR Custodian/ Nodal officers for generation of e-PAR (along with the relevant documents e.g. Transfer/Posting, Deputation, Training, Retirement, Study Leave/ CCL etc., if any)**

A. Report for the Year: **2024-25**

B. Period of Report (From & To in DD/MM/YYYY):

C. e-APAR Part No. (If “Period of Report” is less than a year):

1	Name of the officer	
2	Date of Birth (DD/MM/YYYY)	
3	SPARROW Employee Code	
4	Date of continuous appointment to Present Grade (Period Concerned)	Date
		Grade
		Regular/NFU
5	Date of continuous appointment to Present Post (Period Concerned)	Date
		Post i.e. Designation during period concerned
6	Reporting officer during the period of Report <i>(as per defined arrangements of Reporting /Reviewing of APAR)</i>	Is Reporting officer part of any SPARROW system of GOI (Yes/No)
		Name
		Batch (Allotment Year)
		Service
		Cadre
		Designation
		SPARROW Employee Code
7	Reviewing Officer during the period of Report <i>(as per defined arrangements of Reporting /Reviewing of APAR)</i>	Is Reviewing Officer part of any SPARROW system of GOI (Yes/No)
		Name
		Batch (Allotment Year)
		Service
		Cadre
		Designation
		SPARROW Employee Code

8	Accepting Authority during the period of report. ( <i>wherever applicable and as defined</i> ) <i>Note: There is no Accepting Authority in DoT.</i>	Is Accepting Authority part of any SPARROW system of GOI (Yes/No)			
		Name			
		Batch (Allotment Year)			
		Service			
		Cadre			
		Designation			
		SPARROW Employee Code			
9	Period of absence from duty (on EL/CCL/COML/Study Leave/Training etc.) during the year. If he/she has undergone training, please specify complete details or NIL, as the case may be				
	Absence Category	Period From	Period to	Type/Nature	Remarks

- Note:** - 1. In case there are multiple periods of report, please submit details for each part of reporting in separate form in .pdf format of less than 3 MB only.
2. Any additional information relevant to generation of e-PAR may also be provided.

**Self-Certification:** Certified that the information provided above is true and correct to the best of my knowledge and belief.

Date: . .2025

**Signature**

**Name:**

**Designation:**

**Staff No.:**

**Mobile No.:**

**e-mail Id:**