

मिसिल संख्या | F. No. CS & Protocol/SPARROW/2022
भारत सरकार | Government of India
संचार मंत्रालय | Ministry of Communications
दूरसंचार विभाग | Department of Telecommunications
संचार भवन, 20 अशोक रोड | Sanchar Bhawan, 20 Ashoka Road
नई दिल्ली - 110 001 | New Delhi - 110 001

दिनांकित / Dated: 13.02.2024

OFFICE MEMORANDUM

Sub.: Completion of Annual Performance Appraisal Report (APAR) for the Year 2023-24 (01.04.2023 to 29.02.2024) in view of retirement of Ms. Anuradha Joshi Durgapal, CGCA on 29.02.2024 (A/N)- reg.

The undersigned is directed to convey that Ms. Anuradha Joshi Durgapal, CGCA is due to retire from Govt. service on superannuation with effect from 29th February, 2024 (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.

Therefore, the writing of APARs for the Year 2023-24 (Period from 01.04.2023 to 29.02.2024) is required to be undertaken in respect of officers of IP&TAFS Group 'A' for whom CGCA is the Reporting and Reviewing Officer.

All officers who are directly reporting to the CGCA and other officers in respect of whom CGCA is Reviewing Authority are, therefore, requested to provide the information as per Annexure-I (enclosed) in PDF format to this office through e-mail to fin.sparrow.dot@gov.in for generation of APARs for the period 01.04.2023 to 29.02.2024.

All officers are also requested to submit their self-appraisal to respective Reporting Officer not later than 07.03.2024.

Encl./As above.



(Jyoti Negi)

Under Secretary (SEA)

Tel.: 011-23036511

e-mail: fin.sparrow.dot@gov.in

Copy forwarded for information and necessary action to:

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

Annexure -I

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: **2023-24**
- 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> | Is Accepting Authority part of any SPARROW system of GOI (Yes/No) | Not Applicable | | |
| | | 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: .2024

Signature

Name:

Designation:

Staff No.:

Mobile No.:

e-mail Id: