PAKISTAN AGRICULTURAL RESEARCH COUNCIL

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Personal Code No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidential Report Form for Drivers / Dispatch Riders

**PART – I**

Name Date of Birth

Designation BPS/Present Pay

Date of Entry into Govt. Service Type of License Held

Type of Vehicle Driver Qualification

**PART – II**

Standard of Performance/ Initial the Appropriate Column

Personal Traits Yes No

|  |  |  |  |
| --- | --- | --- | --- |
|  | Whether he is conversant with the rules for the staff cars and observe them rigidly |  |  |
|  | Whether he possess adequate knowledge of the mechanism of cars and their engines and is competent to do minor running repairs and replacement o spares |  |  |
|  | Whether he has been careful in observing ordinary courteous and rules of traffic |  |  |
|  | Whether he has been involved in any road accident or traffic offence and whether there has been any adverse whether there has been any adverse entry in his Driving License during the period under review. |  |  |
|  | Whether he is cooperative and tactful  |  |  |
|  | Whether he is polite and courteous |  |  |
|  | Whether he puts up clean appearance and bearing |  |  |
|  | Is he amenable to discipline |  |  |
|  | Is he regular and punctual in attending office and appointed place of duty |  |  |
|  | Whether he takes due care of the documents of the vehicle issued to him |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Whether he deeps the Car/M. Cycle in neat and tidy condition and deeps watch of the timely servicing/change of oil/parts according to the service manual |  |  |
|  | While driving motor cycle sector does he make use of crash helmet, sun glasses |  |  |
|  | Does he take proper care of the mail/packages/documents on his charge and takes signature of he recipient at the time of handing them over? |  |  |

For Dispatch Riders only.

General remarks of the Reporting Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature with Official Stamp

REMARKS OF THE COUNTERSIGNING OFFICER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature with Official Stamp

Dated

**CERTIFICATE**

(By the Reportee)

Certified that I,  **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Name of Officer) (Personnel Number (if allotted)

have on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ submitted my Performance Evaluation Report

(SPS) (Date)

for the period from \_\_\_to\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

to \_\_\_\_\_\_\_\_\_\_\_\_

 (Name/Designation of Reporting Officer)

My countersigning officer is \_ **\_\_\_\_**\_\_\_\_

 (Name/Designation of Countersigning Officer)

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This certificate is required to be dispatched by the officer being reported upon to the Officer In-charge entrusted with the maintenance of his/her C.R. dossier on the same date the PER is forwarded to his/her reporting officer.

**CERTIFICATE**

**By the Establishment**

F.N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_

This is to certify that PER of Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SPS\_\_\_\_\_\_, for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ initiated and countersigned by the officers both being concerned with the work of the person reported upon during the said period.

Name/Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asstt.Director (ACR), PARC

**CERTIFICATE**

F.N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_

This is to certify that PERs of all officers/staff of Division/Directorate/Centre//Institute have been completed and sent to the Directorate of Establishment within due date and no PER is pending.

Name & Signature Head of Division/Directorate/Centre/Institute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director (Establishment), PARC**