

OFFICE ORDER

The Reporting/Reviewing/Accepting Authority for writing ACRs in respect of Labour Inspectors of Labour Department, Haryana which are as under:-

Name of post	Reporting Authority	Reviewing Authority	Accepting Authority
Labour Inspector.	Reporting officer-I Assistant Labour Commissioner.	Additional Labour Commissioner, Headquarters.	Labour Commissioner.
	Reporting officer-II Deputy Labour Commissioner.		

Dated: 08.08.2023

**Mani Ram Sharma, IAS,
Labour Commissioner, Haryana**

Endst. No. Estt./01/2023/21207-340 Dated:- 17/08/23

A copy is forwarded to the following for information and necessary action:-

1. PS/Labour Commissioner, Haryana.
2. Additional Labour Commissioner, Hqrs.
3. Joint Labour Commissioner, Headquarters.
4. All the Deputy Labour Commissioners in the State.
5. All the Assistant Labour Commissioners in the State.
6. All the Labour Inspectors in the State.
7. Deputy Superintendent (Estt.), Headquarters.
8. Concerned Dealing Assistant (Estt.), Headquarters.

Subharti
Dy. Superintendent (Estt.)
for Labour Commissioner, Haryana

GOVERNMENT OF HARYANA
FORM OF 'ANNUAL CONFIDENTIAL REPORT'
(For Labour Inspector in Group 'C')

Department: LABOUR DEPARTMENT, HARYANA		
Office:		
Period under Report:		
Part-I		
1.	Name of the employee:	
2.	Father's Name:	
3.	Designation of the post held:	
Reporting Authority:	Reviewing Authority	Accepting Authority
Part-II		
Important notes:-	1.	Before writing the Annual Confidential Report, the Reporting/Reviewing / Accepting Authorities should read carefully the instructions given in the end of this form.
	2.	Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the grading, i.e. 'Outstanding', 'Very V. GOOD', 'V. GOOD', 'Average', 'Below Average' in the box blocks provided against each column.
1.	Brief of duties assigned.	
2.	State of health.	
3.	Conduct and character.	
4.	Punctuality and Regularity in attendance.	
5.	Ability to get along and behaviour with.	
a)	Superior officers.	
b)	Colleagues.	
c)	Public.	
6.	Amenability to discipline.	
7.	Devotion to duty and hardworking.	
8.	General intelligence and keenness to learn.	
9.	Knowledge about Deptt. Branch and office procedure.	
10.	Proficiency in use of State Language Hindi in his day to day official work.	

11.	Whether employee stays at his headquarters after closing of office and during holidays?	
	Reply in 'Yes' or 'No'.	
12.	Promptness and accuracy in disposal of work.	
13.	Knowledge of Rules, Regulations and instructions in general and with particular reference to the work allotted to him.	
14.	Quality of work (Delete the sub-clause (s) which is/are not related to his work).	
a)	Ability to apply the relevant Rules and Regulations correctly.	
b)	Capacity for examining cases thoroughly and comprehensiveness.	
c)	Quality of Noting and drafting.	
d)	Proficiency in cash handling.	
e)	Proficiency in Store Management.	
f)	Proficiency in Accounts matters.	
15.	Organization of work:-	
a)	Retrieval of papers/information references.	
b)	Keeping the work place tidy and the record systematic.	
16.	Assessment of Integrity:	
	Has anything come to your notice which reflect adversely on the official's integrity or his ability to honestly execute his duties?	
	Reply in 'Yes' or 'No' If yes, please give details.	
17.	Whether there are any adverse remarks on the work and conduct of the employee? Reply in 'Yes' or 'No'	
18.	Has the official done any outstanding or notable work meriting? Reply in 'Yes' or 'No'.	
	If yes, please give details.	
19.	Suitability for promotion or Higher Scale of Pay (Use term 'Fit' or 'Not yet fit' or 'Not fit'.	

20.	Whether the official has achieved target of collection unpaid accumulate under the Punjab Labour Welfare Act, 1965.	
21.	Whether the official has achieved target of collection under the Punjab Shops and Commercial Establishment Act.	
22.	Overall Grading based on the assessment made from Sr. No. 2 to 18 above.	

Signature of the Reporting Authority-I Name in Block Letters Designation Date	Signature of the Reporting Authority-II Name in Block Letters Designation Date
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REMARKS OF THE REVIEWING AUTHORITY

(Tick one of these three items (a), (b) and (c) and strike out the remaining two)	a)	I endorse the above remarks.
	b)	I generally agree with the above views subject to the following observations: _____
	c)	I do not agree with the above remarks in column_____

Signature of the Reviewing Authority.
Name in Block Letters _____
Designation _____
Date _____

REMARKS, IF ANY, OR COUNTERSIGNATURES OF THE ACCEPTING AUTHORITY

Signature of the Reviewing Authority.
Name in Block Letters _____
Designation _____
Date _____