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| **logo copy - kala** | **TAMIL NADU VETERINARY AND ANIMAL SCIENCES UNIVERSITY**  **CAREER ADVANCEMENT SCHEME (CAS) - 2024** |

**Self-Assessment for the ARS-ACM / Performance Based Appraisal System (PBAS)**

**(Assessment Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Name :**

**Designation :**

**Remarks of the Head of Department / Head of Station**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Has the staff member proved himself/ herself capable for doing the work assigned to him/her. |  |  |
| 2 | Has he/she in your opinion maintained a reputation for up to date knowledge of his/her subject |  |  |
| 3 | What is your opinion of his/ her capacity for getting work out of his subordinates and his/her relationship with them? |  |  |
| 4 | What is his/her bearing towards students and accessibility to them? |  |  |
| 5 | Has he/she published any original papers or conducted any research during the year under report or otherwise in any manner done distinguished academic work/ research work/ Extension work? |  |  |

**Date: Signature of the HOD/ Head of Station**

**Place:**

|  |  |
| --- | --- |
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**Self-Assessment for the ARS-ACM / Performance Based Appraisal System (PBAS)**

**(Assessment Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Name :**

**Designation :**

**Remarks of the University Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Length of service under the Reviewing Officer | : |  |
| 2 | Is the Reviewing Officer satisfied that the Reporting Officer has made his/her report with care and attention and after taking into account all the relevant material? | : |  |
| 3 | Do you agree with the assessment of the Officer given by the Reporting Officer?  (In case of 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 the meritorious work of the Officer including the grading | : |  |
|  |  |  |  |

**Place : Signature of the University Officer:**

**Date : Name:**

**Designation:**