



NATIONAL SERVICE SCHEME
ANNUAL REPORT NATIONAL SERVICE
PERSONNEL 20....

PART I - PERSONAL PARTICULARS OF SERVICE PERSONNEL

1. SURNAME AND OTHER NAMES OF PERSONNEL		4. INSTITUTION ATTENDED	5. QUALIFICATION
2. NSS NUMBER.....	3. GENDER: M F		
6. DATE OF ASSUMPTION OF DUTY	7. NAME OF ORGANIZATION/ESTABLISHMENT/INSTITUTION ADDRESS..... REGION.....		
8. STATUS WITHIN ORGANIZATION			
9. SERVICE PERSONNEL'S PRESENT SCHEDULE OF WORK			
10. ADDITIONAL RESPONSIBILITIES OF SERVICE PERSONNEL (IF ANY)			

**PART II - REPORT BY OFFICE UNDER WHOSE IMMEDIATE SUPERVISION
THE SERVICE PERSONNEL IS SERVING**

11. HAS SERVICE PERSONNEL BEEN AT POST THROUGHOUT, SINCE DATE OF ASSUMPTION? YES/NO	12. IF NO, FOR HOW LONG HAS HE/SHE BEEN ABSENT? FROM:.....TO..... WAS HE/SHE GRANTED PERMISSION? YES/NO
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13. HOW DO YOU GRADE HIM IN THE FOLLOWING?	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
(a) POWER TO INSPIRE				
(b) TURNOUT				
{C} CONDUCT & GENERAL BEHAVIOUR				
(D) DISCIPLINE				
(E) ATTITUDE TOWARDS SUPERIORS				
(F) ATTITUDE TOWARDS SUBORDINATES				
14. HOW DO YOU GRADE HIM IN THE FOLLOWING?	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
(A) SENSE OF RESPONSIBILITY				
(B) LOYALTY AND COPERATION				
{C} INTEGRITY AND RELIABILITY				
(D) PUNCTUALITY AND REGULARITY AT WORK				
(E) INITIATIVE AND SELF CONFIDENCE				
(F) PROFESSIONAL PROFICIENCY				
(G) WILLINGNESS TO DO EXTRA DUTIES				

15. EXTRACURRICULAR/ADDITIONAL DUTIES (DESCRIBED BELOW IF APPLICABLE).....

(b) OVERALL PERFORMANCE DURING PERIOD OF REPORT	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
I. OFFICIAL DUTIES				
II. EXTRA DUTIES (IF APPLICABLE)				

{C} ATTITUDE TO WORK

POSITIVE	NEGATIVE
<input type="text"/>	<input type="text"/>

16. ADDITIONAL REMARKS (ON PARAGRAPH 12-13)

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17. (a) HAVE YOU FACED ANY SPECIAL PROBLEMS WORKING WITH THE SERVICE PERSONNEL?

YES	NO
<input type="text"/>	<input type="text"/>

(b) IF YES, PLEASE STATE THOSE PROBLEMS

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18. IN THE LIGHT OF YOUR ASSESSMENT (PARAGRAPHS 11-15), DO YOU RECOMMEND THE SERVICE PERSONNEL FOR THE AWARD OF -

(a) NATIONAL SERVICE CERTIFICATE (b) NO CERTIFICATE

NAME OF REPORTING OFFICER:.....

SIGNATURE OF REPORTING OFFICER:.....

RANK OF REPORTING OFFICER:.....

OFFICIAL STAMP: DATE:.....

PART III - COMMENTS BY SERVICE PERSONNEL (IF ANY)

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