

LMC/Case of Obesity
(To be enclosed in Red here)

IAFI- 1123B-1 (Revised)
(For Offrs of rank of Maj/Lt Col)

ANNUAL/INTERIM/SPECIAL/REVIEW/ADVERSE CONFIDENTIAL REPORT

MS Branch
Stamp
Diary No

Initials

FOR THE REPORTING YEAR ...
(FROM -----TO -----)

Photograph

Personal No.

Rank :

Name :

Arm/Service :

INTERNAL ASSESSMENT VERDICT (FOR MS DTE USE ONLY)

1. Defect(s) Observed

2. Brief Details of the Case

3. Enfacement/Endorsement Approved with Authority

4. Approving Authority

Signature of DDMS/ADMS

Date.....

ADMS

Col MS

DD MS(C)

DDG(MS)

Entered by

Verified by

Checked with computer
output

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IMPORTANT INSTRUCTIONS

The CR must be initiated and endorsed by the officers as prescribed in the channel of reporting, Any deviations will render the impugned report technically invalid.

2. Erasures, use of whitener and paper slips pasted for the purpose of revising original assessment are NOT acceptable. Such Reports may be technically invalid. Mistakes must be scored out neatly and signed in full.
3. A line must be drawn across unused space(s) and same authenticated by the reporting officer(s).

Rating scale as given below will be used for assessment of Personal Qualities, Demonstrated Performance Variables, Qualities to Assess Potential and Box Grading.

Outstanding – 9, Above Average – 8 or 7, High Average – 6 or 5, Average – 4,
Low Average – 3 or 2 and Below Average – 1. (Do not use fractions e.g. 7.5)

Details given in Part I - Validation and Authentication Data must be as per the documents maintained in the unit/formation.

The report is to be initiated in present rank of the ratee, provided she has held the rank for 90 days, otherwise the report must be in the previous rank.

In case the ratee or the reporting officer(s) are involved in a disciplinary case, Paras 32 to 38 of the SAO 45/2001/MS must be adhered to.

8. Following assessment is to be communicated to the ratee :-

- (a) Assessment in the open portion by the first reporting officer (i.e. IO/RO as applicable),
- (b) Figurative assessment of 3 points or less in any quality in Paras 9 and 10 (PQs, DPVs and box grading) and /or any adverse remarks in the Pen Pictures by other Reporting Officers.

Advisory remarks by any Reporting Officer will not be treated as Weak/Adverse Remarks. These will be endorsed separately in the space provided in Pen Picture. However, Advisory Remarks will also be communicated to the ratee.

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PART I – VALIDATION AND AUTHENTICATION OF DATA

1. **Personal Data**

(a) Name (in block capitals)													
(b) Personal Number	(c) Rank Decorations/Award						(d) Date of assumption with auth Qualifications-						
	(i) Civ (ii) Professional courses (iii) Foreign Languages												
(e)	(f) Details of Unit						(g) Group HQ			(h) Directorate			
	(i) Designation (ii) Location												
(j) Date of Commission				(k) Date of Seniority			(l) Present Medical Category						

2. **Period Covered by the Report**

Period actually served under:-		From	To	Initials
(a) IO				
(b) RO	Present			
	Previous			
(c) SRO	Present			
	Previous			

3. **Details of Confidential Report/Non Initiation Reports Rendered during the Reporting Year**

Type of Report	Period From	Period To	Reasons for Initiation	Initiating Unit/Formation

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4. (a) **Appointments held during the Period of Report (as reflected in Para 2 (a) and as per IAFF-3008)**

Appointments	Period		Service in Months			
	From	To	Peace	Field		

5. It is certified that the requisite physical service conditions as per SAO 45/2001/MS under the IO/RO (as applicable) for initiation/endorsement of the Report are fulfilled (This certificate is irrevocable).

6. The details given in Paras 1 to 4 above are correct.

7. Signature and date Ratee IO/RO

8. **Details Reporting Officers**

Reporting Officers	Personal Number	Rank	Name	Appointment
IO				
RO				
SRO				

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No, Rank and Name of the Officer:-

Initials:-

PART II - BASIC ASSESSMENT

- A. In case assessment in qualities designated by asterisk (*) is AVERAGE OR LOWER THAN AVERAGE JUSTIFICATION IS REQUIRED at Paras 12 and 14 by IO and RO respectively.
- B. IO's assessment in Part II will be communicated to the ratee, in person. In respect of RO/ SRO, Only adverse remarks will be communicated.
- C. **Communication of IO's assessment by post will only be in exceptional and unavoidable Circumstances.**

Personal Qualities (PQs)

Qualities	Assessment of	
	IO	RO
9. (a) <u>Physical Attributes</u> (Physical Fitness, Military Bearing, Deportment and Turnout)		
* (b) <u>Drive, Determination and Decisiveness</u> (Resoluteness, vigour and dynamism in execution of tasks and capability to promptly arrive at logical and balanced conclusions both under normal and adverse conditions)		
* (c) <u>Dependability</u> (Intensity of involvement and consistency in executing the assigned tasks without supervision and accepting additional obligations of duty)		
* (d) <u>Moral Courage</u> (Degree of intellectual honesty and courage of convictions)		
* (e) <u>Integrity</u> (Degree of honesty and just approach in personal and official dealings)		
* (f) <u>Loyalty</u> (Extent of willing, faithful and loyal support provided to the service, peers, superiors and subordinates)		
(g) <u>Ingenuity and Initiative</u> (Skill of devising means and degree of resourcefulness to solve unforeseen contingencies)		
(h) <u>Maturity</u> (Degree of understanding and balance commensurate with age and service)		
(j) <u>Tenacity</u> (Degree of will to persevere in face of odds and difficulties)		
(k) <u>Communication Skills</u> (Ability to express clearly, concisely and effectively, both orally and in writing and possession of good listening skill. Capability to make an impact on the reader/listener towards achievement of aim/results)		

14. **Reviewing Officer** Report by the IO is Liberal/Justified/ Strict*
(*Delete whichever is not applicable)

(a) Details of guidance for improvement during the Reporting Period.

(i) **Verbal** (ii) **Written**

(b) Do you recommend any portion of the report by the IO to be expunged? If so, state such portions and reasons.

(c) Letter No and date of communication of extracts (if any).

15. Signature and date Officer reported upon RO

16. **Superior Reviewing Officer** Report by IO is-Liberal/Justified/Strict*
Report by RO is-
Liberal/Justified/Strict*
(*Delete whichever is not applicable)

(a) Details of guidance for improvement during the Reporting Period.

(i) **Verbal** (ii) **Written**

(b) Do you recommend any portion of the report by the IO to be expunged? If so, state such portions and reasons.

(c) Letter No and date of communication of extracts (if any).

17. Signature and date SRO/ HSCRO

No, Rank and Name of the officer:-

Initials:-

PART IV - POTENTIAL FOR PROMOTION

- A. Not to be shown to the officer reported upon.
- B. Variation of three or more grades between reporting officers to be elaborated in Para 27.

24. **Qualities to Assess Potential (QAP)**

Qualities	Assessment of		
	IO	RO	SRO
(a) <u>Foresight and Planning</u> (Ability to plan beyond immediate Requirement)			
(b) <u>Delegation</u> (Understanding of subordinate's suitability Towards fulfillment of various tasks and responsibilities. Willingness to take risks)			
(c) <u>Vision and Conceptual Ability</u> (Ability to visualise and conceptualise short/medium/long term perspective)			
(d) <u>Tolerance for Ambiguity</u> (Ability to take decisions in the absence of clear cut mandate and in an environment of uncertainty)			
(e) <u>Professional Competence to handle Higher Appointments</u>			

25. Signature and date

IO

RO

SRO

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26. **Recommendation for Promotion/Employment/Courses**

- A. * Only if the ratee is 'Not Recommended' for promotion will the same be communicated to the ratee and letter No and date endorsed in Para 27 below.
- B.

Recommendations (Mark ✓ or X against appropriate Column, specify 'Course'/X in Para 26 (e))		IO	RO	SRO		
(a) Promotion to the next rank (Mark ✓ against one grade only)	Should Promote					
	May Promote					
	Not Yet Recommended					
	Not Recommended* (To be communicated)					
(b) Suitability for instructional appointment.(WOTS/OTS)					X	X
(c) Suitability for Staff Appointments (Trg/Adm/Pers)						
(d) Foreign Assignments (Youth Exchange Programmes)						
(f) Any special Recommendation						

27. (a) *Details of letter of communication, only in case 'NOT' recommended.
 (b) Reasons for variations of three grades or more.

IO	
RO	
SRO	

28. Signature and date IO RO SRO

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80									

ACKNOWLEDGEMENT : CRD LIBRARY

1. Receipt of your Annual/Interim/Special/Adverse CR covering the period to is hereby acknowledge.
2. Your CR indicates the following gap in your record :-
From To.....
3. Please carefully note the following in case a gap has been indicated in Para 2 above :-
 - (a) Take action to trace out/initiate CR as due on you by the IO or the RO, as entitled as per AO 45/2001/MS or render an NIR in case a CR is not entitled.
 - (b) In case you have submitted your form for the gap period and yet, do not receive any intimation with regard to the initiation of a CR or an NIR as due from the reporting officers within a period of six months, you are required to intimate the details of the reporting officers concerned giving their appointment and addresses to your Directorate HQ with a copy to the MS Dte(MS 3C)
 - (c) In case the gap period is not covered by initiating a CR if due or an NIR, this may adversely affect you in the matter of being considered by selection board.
4. You are advised to take a concerted and immediate action to cover the gap.

DDMS©

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ACKNOWLEDGEMENT : MS 3C

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No :
.....

1. Reference your Annual/Interim/Special/Review/Adverse CR covering the period from to
2. The said document has been received in the MS Dte. Observations if any incl gaps, will be intimated subsequently by the office.

Office Stamp

(Signature of the DDMS©)

Date

ACKNOWLEDGEMENT CARD

No.....

1. Reference your Annual/Interim/Review/Adverse CR covering the period from

1. The said document has been endorsed by me and forwarded to
(Appt.....) /MS Branch.

Office Stamp
Date

(Signature of the SRO)
Rank
Name.....
Appt.....

ACKNOWLEDGEMENT CARD

No.....

1. Reference your Annual/Interim/Review/Adverse CR covering the period from
..... To

2. The said document has been endorsed by me and forwarded to the SRO
(Appt.....) /MS Branch.

Office Stamp
Date

(Signature of the RO)
Rank
Name.....
Appt.....

ACKNOWLEDGEMENT CARD

No.....

1. Reference your Annual/Interim/Review/Adverse CR covering the period from
to

2. The said document has been endorsed by me and forwarded to the RO
(Appt.....) /MS Branch.

Office Stamp
Date

(Signature of the IO)
Rank
Name.....
Appt.....

