

Specimen Copy

(Name and Address of the Office)

Statement of Acceptance of APAR (Annual Performance Appraisal Report).

I------(Name & Designation)
have received the copy of my APAR for the period from----- to -----
and

- (i) I do not have to make any representation against the entries made by the Reporting Officer and Reviewing Officer.

OR

- (ii) * I have to make representation against the entries made by the Reporting Officer and Reviewing Officer.

Signature

*Representation, if any, should be made within fifteen days from the date of receipt of the entries in the APAR. In case no representation is received within fifteen days, it will be deemed that the officer, reported upon has no representation to make and the APAR will be treated as final.