# F. No. CS & Protocol/Adv (F) /SPARROW/2021 Government of India Ministry of Communications Department of Telecommunications Sanchar Bhawan, 20, Ashoka Road, New Delhi-110 001

Dated: \\ .03.2022

### **OFFICE MEMORANDUM**

Sub. Online generation and recording of Annual Performance Appraisal Report (APAR) on SPARROW Portal for all IP&TAFS Group 'A' Officers for the Reporting Year 2021-2022- reg.

As per the directions of DoP&T, generation and recording of Annual Performance Appraisal Report (APAR) is to be done online through SPARROW Portal for all IP&TAFS Group 'A' Officers.

2. Nodal Officer / PAR custodian for IP&TAFS officers are as under:-

S. No.	Posting of the Officers	Details of Nodal Officer /PAR custodian	
1.	DoT HQ / Pr. CsCA /CsCA/ CGCA / NICF / Deputation / Probationers	Smt. Swati Shahi, Director (SEA), DoT e-mail: fin.sparrow.dot@gov.in	
2.	Deptt. of Posts HQ/PAOs /DAP	Shri Anurag Srivastava, Director (FA), DoP e-mail: paadmn-dpc@gov.in	

- 3. It has been aimed at 100% switching over from manual APAR to online mode of APAR i.e. through SPARROW Portal. All officers are, therefore, requested to ensure that:-
- i. Their data is duly mapped in SPARROW system and their SPARROW Account is fully functional at all times;
- ii. Their complete details in prescribed format (with all supporting documents / orders) are sent to respective 'Nodal Officer / PAR Custodian' in prescribed format i.e. Annexure-I enclosed for generation of e-APAR for the Reporting Year 2021-22 latest by 18.03.2022. This is prerequisite for timely generation of e-APAR in SPARROW system.
- 4. Time schedule for generation and recording of APAR is enclosed. It is requested to bring the same to the notice of all concerned for strict adherence to the prescribed timelines for writing of APAR to ensure that APAR process is completed in a time bound manner.
- 5. This issues with the approval of the Competent Authority.

Encl. / As above.

(Swati Shahi)

Director (SEA)

Tel. No. 011-23036590

e-mail: fin.sparrow.dot@gov.in

Copy forwarded for information and necessary action to:-

- 1. PPS to the Member (Finance), DoT HQ, New Delhi.
- 2. PSO to the Advisor (Finance), DoT HQ, New Delhi.
- 3. CGCA / Joint CGCA, Ghitorni, New Delhi.
- 4. DG / DDGs, NICF, Ghitorni, New Delhi.
- 5. Sr. DDG (PAF), PA Wing, DoP HQ New Delhi with the request to circulate the O.M. among all IP&TAFS Group 'A' officers posted in Department of Posts.
- 6. All DDGs / Directors of Accounts and Finance Wing in DoT HQ, New Delhi.
- 7. Joint Administrator (Finance), USOF DoT HQ New Delhi.
- 8. All Pr. CsCA / CsCA / Joint CsCA.
- 9. Director (FA), PA Wing DoP HQ New Delhi.
- 10. U.S. (SEA) for uploading the document on DoT Website / eOffice.
- 11. Office Copy.

## Time Schedule for preparation / completion of APAR

## (Reporting Year 2021-2022)

S. No.	Activity	Date by which to be completed			
1.	Distribution of blank APAR forms to all concerned officers.	31 <sup>st</sup> March, 2022			
2.	Submission of self-appraisal to reporting officer by officer to be reported upon.	15 <sup>th</sup> April, 2022			
3.	Submission of report by reporting officer to reviewing officer.	30 <sup>th</sup> June, 2022			
4.	Report to be completed by Reviewing Officer & to be sent to Administration or CR section or Accepting Authority, wherever provided.	31 <sup>st</sup> July, 2022			
5.	Appraisal by Accepting Authority, wherever provided.	31st August, 2022			
6.	<ul><li>(a) Disclosure to the officer reported upon where there is no Accepting Authority.</li><li>(b) Disclosure to the officer reported upon where there is Accepting Authority.</li></ul>	1 <sup>st</sup> September, 2022 15 <sup>th</sup> September, 2022			
7.	Receipt of Representation, if any, on APAR.	15 days from the date of receipt of communication			
8.	Forwarding of representation to the Competent Authority  (a) where there is no Accepting Authority for APAR;  (b) where there is Accepting Authority for APAR.	21 <sup>st</sup> September, 2022 06 <sup>th</sup> October, 2022			
9.	Disposal of representation by the Competent Authority.	Within one month from the date of receipt of representation			
10.					
11.					

## <u>Details to be provided by IP&TAFS Officer(s) to Nodal Officer / PAR Custodian for generation of e-PAR</u>

A. Report for the Year:

2021-22

- B. Period of Report (From & To in DD/MM/YYYY):
- C. e-APAR Part No. (If "Period of Report" is less than a year):

1	Name of the officer		
2	Date of Birth (DD/MN	M/YYYY)	
3	SPARROW Employe	e Code	
4	Date of continuous appointment to Present Grade (Period Concerned)	Date	
		Grade	
		Regular/NFU	
5	Date of continuous appointment to Present Post (Period Concerned)	Date	
		Post i.e. Designation during period concerned	
6	Reporting officer during the period of Report	Is Reporting officer part of any SPARROW system of GOI (Yes/No)	
		Name	
		Batch (Allotment Year)	
		Service	
		Cadre	·
		Designation	
:		SPARROW Employee Code	
7	Reviewing Officer during the period of Report	Is Reviewing officer part of any SPARROW system of GOI (Yes/No) Name	
		Batch (Allotment Year)	67
		Service	
		Cadre	
		Designation	
		SPARROW Employee Code	

8			Is Acce Author	pting ity part of any	P V	ne e	
	(Applicable in c	ase		OW system of			
1	of specific grade of		GOI (Y				
	IP&TAFS Group 'A' only)	Name	, ,		·	$\exists$	
			Batch (	Allotment			$\exists$
			Year)				
1			Service				
			Cadre	-			$\neg$
			Designa	ation			$\dashv$
			SPARR	OW Employee			$\overline{}$
-			Code	1 3			
9 Period of absence from duty (on EL/CCL/COML/Stu If he/she has undergone training, please specify comp					•		
	Absence	Period		Period to	Type/Nature	Remarks	
	Category						
	· .						
							$\neg$
				•		,	

#### Note:

Date:

- 1. Kindly enclose copies of relevant orders /documents e.g. Transfer/Posting, Deputation, Training, Retirement, Study Leave/ CCL etc. order, if any.
- 2. Kindly strike off any information which is not relevant.
- 3. In case there are multiple periods of report, please submit details for each part of reporting in separate form in .pdf format of less than 3 MB only.
- 4. Any additional information which is relevant to generation of APAR may also be provided.

#### **Self-Certification**

Certified that the information provided above is true and correct to the best of my knowledge and belief.

	Signature
1)	Name:
	Designation:
	Staff No.:
	Contact / Mobile No.:
	a mail Ide