HIMACHAL PRADESH DEPARTMENT OF TRANSPORT
PARIVAHAN BHAWAN, SHIMLA-171004

For the year……………..…………

Annual Confidential Report of Traffic Inspector of the Transport Department

1. Name   : …………………………………………………………………

2. Date of Birth : …………………………………………………………………

3. Designation / post held : ………………………………………………………

4. Scale of pay : …………………………………………………………………

5. Date of continuous appointment to the present post: …………………………….

6. Integrity   : …………………………………………………………………

7. Relation with fellow workers   : …………………………………………………

8. Behavior towards the public   : …………………………………………………

9. Is he imaginative?   : …………………………………………………

10. Has he a good knowledge of MV Acts & Rules?:   ………………………………

11. Does he have technical knowledge about new vehicles? : …………………………..

12. Does he possess sound knowledge on Road Safety? :   ………………………

13. Does he have a sound knowledge of materials?   :   ………………………

14. Number of corruption cases detected
    (with total amount of revenue realized)
    if any during the year under report : …………………………………………………….

15. Number of vehicles checked   : ……………………………………………………

16. Number of vehicles challaned   : ……………………………………………………

17. Has the official been responsible for
    any outstanding work during the
    period under review meriting special
    recommendations? If so, what? : …………………………………………………..

18. Any other observations point of a) : ………………………………………………………

    Special significance to be specified b)   : ………………………………………………

    In relation to the work on which employed ……………………………………………….

19. Has he been responsible for any
    outstanding working during the period
    under review meriting special commendation? If so, what?..................................

20. Relations with fellow workers: ……………………………………………………………..

21. Integrity   :   ……………………………………………

22. Has he been reprimanded for indifferent
    work for other causes? If so,
    brief particulars may be given : ………………………………………..……………

23. General assessment of personality, character and temperament: …………………

24. Remarks of the controlling officer: ……………………………………………………

Dated: ………………..   Signature of Reporting Officer,

                                                  Name in Block letters……………………..

                                                  Designation…………………………….

Dated: ………………..   Signature of Reviewing Officer

                                                  Name in Block letters……………………..

                                                  Designation…………………………….

Signature of the next superior officer of Head of Office/ Department

                                                  Signature

                                                  Name in Block letters……………………..

                                                  Designation…………………………….