

Qualifications Assessment Form for the Assistant Director**Post Level and Below****[Rule 35(f),(h)(3)]**----- **Ministry/Organization**----- **Department / Enterprise / Office**----- **Date From** ----- **Date to** ----- **of Assessment
of Qualification****1. Personnel Profile**

- (a) Name -----
- (b) Nationality and Religion -----
- (c) Place of birth -----
- (d) Name of Father -----
- (e) Age(Date of birth) -----
- (f) Citizenship Scrutiny Card No.-----
- (g) Prominent Mark -----
- (h) Current Designation-----
- (i) Receiving date of Current Post and Term of Post -----
- (j) How to obtain the Current Occupation -----
- (k) Open competition or Direct appointment -----
- (l) Date of first appointment and total term of service-----
- (m) Receiving date of gazette officer post and total Official service
term -----
- (n) Department / Division / Section -----

2. Educational Background

Status of Completion Certificates for Basic Education and Higher Education	Name of School and Subjects	Year of Passing Examination and Outstanding
(a) Primary		
(b) Middle		
(c) High		
(d) University/College		
(e) Additional Diploma/Degree		
(f) Studying of other Subjects* In the Country/Foreign Country**		
(g) Departmental Examination/ Courses		
(f) Hobby		

* Subjects mean University Subjects.

** Delete words that are not concerned.

3. The Facts of Rating and Evaluation

No.	Cause	Marks for rating and evaluation (Full Marks 10 Marks)		
		Immediate	Higher	Final
1	Conscientiousness			
2	Proficiency			
3	Reliability			
4	Eagerness to learn			
5	Industriousness			
6	Innovativeness			
7	Compliance with office and workplace disciplines			
8	Volunteering			
9	Good relationship			
10	Leadership			
	Total Mark			

Immediate Supervisor

Signature

Name

Designation

Department

Date

- 6. Innovativeness
- 7. Compliance with office and workplace disciplines
- 8. Volunteering
- 9. Good relationship
- 10. Leadership

Signature of Immediate Supervisor/ -
Higher Supervisor / Finalized Supervisor -
Name -
Designation -
Department -

Date: -----

Waiting List Form **Form (17)**
[Civil Service Personnel Rules, Rule 39]

----- Ministry/ Organization
 ----- Post from ----- Post to Waiting List for Promotion

No.	Name	Current Office/ Department	Marks for Term of Service (100)Marks	Marks for Rating and Evaluation (100)Marks	Marks for Written test/ Practical test/ Both written and practical test (100)Marks	Marks for the personal interview (50)Marks	Total Marks	Remark

Qualification Inspection Board

Chairperson	Member(2)
Name -	Name -
Designation -	Designation -

The Person who Confirms the Waiting List (Head of Ministry and Organization/ Head of Services Personnel Organization)
[Rules 28(f)]

Waiting List Form **Form (18)**

[Civil Service Personnel Rules, Rule 40, Rule 46 (b)]

----- Ministry/ Organization

----- Post from ----- Post to Waiting List for Promotion

No.	Name	Current Office/ Department	Marks for Term of Service (100)Marks	Marks for Rating and Evaluation (100)Marks	Total Marks	Remark

Qualification Inspection Board

Chairperson	Member(1)	Member(2)	
Name -	Name -	Name -	
Designation -	Designation -	Designation -	

The Person who Confirms the Waiting List (Head of Ministry and Organization/ Head of Services Personnel Organization)

[Rules 28(f)]

**Qualifications Assessment Form for the Deputy Director
or Director Post Level**

[Rule 46 (c) (d)(e), 47 (f) (3)]

----- **Ministry/Organization**

----- **Department / Enterprise / Office**

----- **Date From** -----**Date to** ----- **of Qualification Assessment**

1. Personnel Profile

- (a) Name -----
- (b) Nationality and Religion -----
- (c) Place of birth -----
- (d) Name of Father -----
- (e) Age(Date of birth) -----
- (f) Citizenship Scrutiny Card No.-----
- (g) Prominent Mark -----
- (h) Current Designation-----
- (i) Receiving date of Current Post and Term of Post -----
- (j) How to obtain the current occupation -----
- (k) Open competition or direct appointment -----
- (l) Date of first appointment and total term of service -----
- (m) Receiving date of gazette officer post and total official service
term -----
- (n) Department / Division / Section -----

2. Educational Background

Status of Completion Certificates for Basic Education and Higher Education	Name of School and Subjects	Year of Passing Examination and Outstanding
(a) Primary		
(b) Middle		
(c) High		
(d) University/College		
(e) Additional Diploma/Degree		
(f) Studying of other Subjects* In the Country/Foreign Country**		
(g) Departmental Examination/ Courses		
(f) Hobby		

* Subjects mean University Subjects.

** Delete words that are not concerned.

4. **The Description of Rating and Evaluation**

(The Description of Evaluation shall be given for those who get 7 Marks and below or 16 Marks and above for each fact.)

Name of service personnel who was Evaluated Person -
Designation

1. Leadership
2. Reliability
3. Proficiency
4. Enthusiasm
5. Good Relationship

Signature of Immediate Supervisor/ -
Higher Supervisor / Finalized Supervisor -
Name -
Designation -
Department -

Date: -----