

**CONFIDENTIAL**

No. Rank, Name of the ANO

Initials

**ANNUAL CONFIDENTIAL REPORT FOR THE PERIOD**  
**FROM \_\_\_\_\_ TO \_\_\_\_\_**  
**ASSOCIATE NCC OFFICER OF NATIONAL CADET CORPS**

**FOR OFFICE USE ONLY**

Directorate \_\_\_\_\_  
Stamp \_\_\_\_\_  
Diary No. \_\_\_\_\_  
Initials \_\_\_\_\_

**PART-1 VALIDATION AND AUTHENTICATION DATA**

1. **Personal and Service Particulars**

- (a) Personal No. : -----
- (b) Rank : -----
- © Name (in block letters) : -----
- (c) Date Assumption of Present rank : -----
- (d) Date-First NCC Commission : -----
- (e) Date-NCC Seniority : -----
- (f) Date of Birth : -----
- (g) Decoration and Awards : -----

2. **Deployment Particulars**

- (a) Institution and Place : -----
- (b) Troops No. Designation & Place : -----
- (c) Unit and Place : -----
- (d) Directorate : -----

**CONFIDENTIAL**

**CONFIDENTIAL**

-2-

No. Rank Name of the ANO
Initials

3. Medical Fitness for NCC Duties as ANO (Refer to Appendix "C" to NCC Act& Rules 1948 and Appendix "A" to NCC Act and Rules 1949 (GD)).

Date -----

Signature , Designation and

Place-----

Stamp of Medical Officer

**COUNTERSIGNED**

Signature of Head of Institution

Name-----

Designation-----

Date-----Place-----

Stamp of Institution

Signature of OC Unit

No.-----Rank-----

Name-----

Date-----Place-----

Stamp of NCC Unit

**CONFIDENTIAL**

**CONFIDENTIAL**

-3-

No Rank and Name of the ANO
Initial

4. Initiating Officer (OC Unit)

Box  
**Overall Grading**

--

(a) Brief Comments (To include achievements, strong points, weaknesses and ratee's performance during the period reporting).

(b) Has the ratee been given verbal or written guidance for improvement during the reporting period, if so, give details.

(i) Verbal

(ii) Written

Signature

No----- Rank-----

Name-----

Appointment-----

Date-----

Note. In case the pen picture or sub para (b) contains any adverse remarks complete Para 4 to be communicated to the ratee by registered post. Give details of registered letter No. and date

**CONFIDENTIAL**

**CONFIDENTIAL**

-4-

No Rank and Name of the ANO
Initials

5. Reviewing Officer (Gp Cdr)

Box  
**Overall Grading**

(a) Brief Comments (To include achievements, strong points, weaknesses and ratee's performance during the period reporting).

(b) Has the ratee been given verbal or written guidance for improvement during the reporting period, if so, give details.

(i) Verbal

(ii) Written

(c) Do you recommend any report of the IO to be expunged and if so, state such portions and reasons.

Signature

No----- Rank-----

Name-----

Appointment-----

Date-----

Note. In case the pen picture or sub para (b) contains any adverse remarks complete Para 5 to be communicated to the ratee by registered post. Give details of registered letter No. and date

6. Superior Reviewing Officer(Dy DG State Directorate)  
(In case Senior Division /ANOs only)

Box  
**Overall Grading**

Date-----

Signature-----

No----- Rk-----

Appointment-----

**CONFIDENTIAL**

**CONFIDENTIAL**

-5-

No, Rank and Name of the ANO
Initials

7. Recommendations for Promotions, Extensions of Services  
(Indicate "R" for Recommended and NR recommended).

	IO	IO
(a) Recommendations for promotion to next higher rank -----	-----	-----
(b) Recommendation for extension of service (in case the ANO is to attain the age of superannuation in next three years or has already attained such age. -----	-----	-----
(c) Recommendation of Honorary Rank (last five years)		

Signature of IO

Signature of RO

No-----  
Rank-----  
Name-----  
Unit-----  
Date-----  
Stamp-----

No-----  
Rank-----  
Name-----  
Unit-----  
Date-----  
Stamp-----

**CONFIDENTIAL**

-6-

**IMPORTANT INSTRUCTIONS**

1. The report must be initiated and endorsed by the officers as prescribed in the channel of reporting . Any deviations will render the report technically invalid.
2. The grading in paras 4,5 and 6 will be filled in figures from 1 to 9 as under :-

(a)	9	-	Corresponds to	Outstanding
(b)	8-7	-	Corresponds to	Above Average
(c)	6-5		Corresponds to	High Average
(d)	4-3	-	Corresponds to	Average
(e)	1-2	-	Corresponds to	Below Average
3. Erasures, overwriting and paper slip pasted for the purpose of revising original assessment are not acceptable. Such reports will be technically invalid.
4. A cube must be drawn across unused space(s) and same authentically by the reporting officer(s).
5. Details given under the heading validation and authentication data must be as per documents maintained in the Unit/Gp HQ.
6. The report must not contain reference to any disciplinary background.
7. The report must be objective and the assessment in various parts of the report by the same reporting officer must be consistent. Reasons for Negative recommendations (NR) if specified at Para 7 must not reflect upon character qualities or demonstrated performances.

**CONFIDENTIAL**