



MOST IMMEDIATE

**OFFICE OF THE ASSTT.COMMISSIONER (WATER)
DELHI JAL BOARD: GOVT. OF NCT OF DELHI
VARUNALAYA PHASE-II, KAROL BAGH NEW DELHI.**

No.DJB/AC (W)/CR CELL/2015- 30

Dated: 20/1/2015

Please find enclosed new ACR Performa of Zonal Revenue Officer prepared as per the approval of Competent Authority and its Instructional Order for uploading on the official website of DJB immediately. Instructional Order Of the same (copy enclosed) is under dispatched with the Dispatch Cell.

Encl. As above


(AMIT KUMAR JAIN)
ASSTT. COMMISSIONER(W)

EE(EDP)

Sh. Sanjay Prasad
20/1

OFFICE OF THE ASSTT.COMMISSIONER (WATER)
DELHI JAL BOARD: GOVT. OF NCT OF DELHI
VARUNALAYA PHASE-II, KAROL BAGH NEW DELHI.

No.DJB /AC (W)/CR CELL/2015

Dated: 19/1/2015

INSTRUCTIONAL ORDER

In order to have proper assessment of overall performance, it has been decided by the Competent Authority that the Self-Appraisal Report of Zonal Revenue Officers will be filled on revised/amended A.C.R Proforma w.e.f. 2014-15 onwards.

Revised/Amended Annual Confidential Report Proforma for this purpose can be downloaded from the official website of Delhi Jal Board or can be obtained from the office of AC(W), CR Cell, Room No. 407, 4th Floor, Varunalaya Complex Phase-II, Karol Bagh, New Delhi.


(AMIT KUMAR JAIN)
ASSTT. COMMISSIONER (W)

All ZONAL REVENUE OFFICERS

Copy to:-

1. CEO for kind information.
2. M (A)/M (F)/M (WS)/M (DR.) for kind information.
3. Director (A&P)/DOR for kind information.
4. All Jt. Dir. (R) / Dy. Dir. (R)/AC for kind information.
5. All Ex. Eng. for information.


ASSTT. COMMISSIONER (W)

**DELHI JAL BOARD: DELHI SARKAR
VARUNALAYA PHASE-II, KAROL BAGH
NEW DELHI-110005.**

CONFIDENTIAL REPORT OF ZONAL REVENUE OFFICERS

PART-I—Personal Data and Duties & Responsibilities: -
(to be filled by the Administrative Section concerned)

1. Period of Report
2. Name of Officer
3. Father's/Husband's Name
4. Date of Birth
5. Date of continuous appointment to the present grade
6. Present residential address
7. Post held during period of report
8. Period of absence from duty on leave, training etc. during the year
9. Academic and professional achievement during the year including degree obtained, books/article published etc. The training course attended during the reported year may also be mentioned

10. Reporting & Reviewing Officers during period of report:

| | Name & Designation |
|---------------------|--------------------|
| Reporting Authority | |
| Reviewing Authority | |

Employee Name:.....

Employee Code:.....

Employee Signature:.....

PART –II- A Self-Appraisal:-
(To be filled by Officer Reported upon)

| a) Parameters | Year of Report | One Year Previous | Two year Previous |
|--|----------------|-------------------|-------------------|
| <ul style="list-style-type: none"> • Zone Details¹ : <ul style="list-style-type: none"> i) Name of Zone and location ii) Total No. of staff posted iii) Total No. of sanctioned water Connections iv) No. of domestic water connections v) No. of Mixed Use water connections vi) No. of commercial water connections vii) No. of bulk water connections viii) Total Quantity of water Billed in (MGD) ix) No. of grievances addressed(Total/disposed) x) No. of Water Connections added during the period under report <p>(In case of more than one Zone add separate sheet)</p> | | | |
| ➤ Total Revenue target Assigned | | | |
| ➤ Total Revenue collected excluding infrastructure fund. | | | |
| ➤ Total arrears of water charges at the beginning of the Financial Year under the report. | | | |
| ➤ How much amount realized out of arrears | | | |
| ➤ Total target achieved in % | | | |
| ➤ Reason for not achieving target (if target not achieved) | | | |
| ➤ Any major drive started for achieving the target | | | |
| ➤ Total No. of camps organized for achieving target. | | | |

¹ In case of more than one Zone add separate sheet

Employee Name:.....

Employee Code:.....

Employee Signature:.....

| | | | |
|--|--|--|--|
| <p>No. of connections disconnected for default/total number of defaulters in the category.</p> <ul style="list-style-type: none"> i) Government <ul style="list-style-type: none"> a) Domestic b) Commercial c) Bulk ii) Private – <ul style="list-style-type: none"> a) Domestic b) Commercial c) Bulk | | | |
| <ul style="list-style-type: none"> ➤ Total no. of unauthorized connections, at the beginning of the Financial Year. ➤ Total No. of unauthorized connections detected during the period under report. ➤ Total No. of cases detected for use of water in Civil Constructions in Financial Year. ➤ No. of Cases where Cost of Construction was imposed and recovered in Financial Year. ➤ How many unauthorized connection were:- <ul style="list-style-type: none"> a) Regularized b) Challaned c) Disconnected | | | |
| <ul style="list-style-type: none"> ➤ How many site checking were made during the year? ○ No. of Bulk connection checked out of total bulk connection? ○ No. of Domestic connection checked out of total domestic connection? ○ No. of Commercial connection checked out of total commercial connection? ○ Discrepancies found (No. of cases) | | | |

| | |
|---|--|
| <ul style="list-style-type: none"> ➤ Total No. of Pending applications of New Water Connection in the beginning of the Reporting Year. ➤ Total No. of applications received for New Water Connection in the Reporting Year. ➤ No. of New Water connections sanctioned within time limit in the reporting year. ➤ No. of water connections sanctioned after 35 days. ➤ Total No. Pending applications of New Water Connection at the end of the reporting year. | |
|---|--|

Employee Name:.....

Employee Code:.....

Employee Signature:.....

| | |
|---|--|
| <ul style="list-style-type: none"> ➤ No. of Pending mutation applications in the beginning of the Reporting Year. ➤ Total No. of applications received for mutation in the Reporting Year. ➤ No. of mutations cases done within time limit in the Reporting Year. ➤ No. of mutations done after 15 days of receipt. ➤ Total No. of Pending cases left for mutation at the end of the Reporting Year. | |
| <ul style="list-style-type: none"> ➤ No. of Pending applications for Disconnection of water connections in the beginning of the Reporting Year. ➤ Total No. of application received for Disconnection of water connections in the Reporting Year. ➤ No. of Disconnection cases done within time limit in the Reporting Year. ➤ No. of delayed cases after 15 days of receipt of application. ➤ Total No. of Pending Cases left for Disconnection of Water connections in the Reporting Year. | |
| <ul style="list-style-type: none"> ➤ Reason for delay, if beyond time limit in | |

| | Round1 | Round2 | Round 3 | Round 4 | Round 5 | Round 6 |
|--|--------|--------|---------|---------|---------|---------|
| <ul style="list-style-type: none"> ➤ Total no. of Active water connections <ul style="list-style-type: none"> ○ Bulk ○ Domestic ○ Commercial ○ Mixed use | | | | | | |
| <p>Billing Efficiency</p> <ul style="list-style-type: none"> ➤ No. of bills generated on actual reading <ul style="list-style-type: none"> ○ Bulk ○ Domestic ○ Commercial ○ Mixed Use ➤ No. of bills generated on Average/provisional <ul style="list-style-type: none"> ○ Bulk ○ Domestic ○ Commercial ○ Mixed Use | | | | | | |
| <ul style="list-style-type: none"> ➤ No. of exceptional billing cases -(Total/Resolved) ➤ No. of Gap billing cases - (Total/Resolved) ➤ No of unresolved exceptional/Gap cases of previous round carried forwarded ➤ No. of Meter Readers who could not complete meter readings. ➤ No. of Meter Readers against whom action recommended for not completing the assigned work in time. | | | | | | |

Employee Name:.....

Employee Code:.....

Employee Signature:.....

b) Demand wise Amount /collection for the year :

c) Collection in Percentage/Efficiency for the year :

d) Number of ACRs reported/ not reported

| | |
|--|--|
| | |
|--|--|

e) Number of ACRs reviewed/ not reviewed

| | |
|--|--|
| | |
|--|--|

f) Brief description of duties:

g) Specific task assigned in addition to normal duties & responsibilities

| Specified task assigned in addition to normal duties & responsibilities | Actual achievement |
|---|--------------------|
| | |

Employee Name:.....

Employee Code:.....

Employee Signature:.....

j) During the period under report, do you believe that you have made any exceptional contribution e.g. successful completion of an extraordinarily challenging task or major systemic improvement (resulting in significant benefits to the public and/or reduction in time and costs)? If so, please give a brief description. (Within 100 words).

f) What are the factors that hindered your performance, if any?

g) Please indicate specific areas in which you feel the need to upgrade your skills through training programs:

| |
|--|
| <p>❖ For the current assignment:</p> <p>❖ For your future career:</p> |
|--|

h) Declaration :

| | |
|---|--|
| <p>Have you filled your immovable property return, as due? If Yes, please mention date.</p> | |
|---|--|

Employee Name:.....
Employee Code:.....
Employee Signature:.....

III (i) Assessment of Reporting Officer:-

- Does the Reporting Officer agree with all that is recorded under Part-II by the Officer. If not enumerate precisely the extent of disagreement with and reasons therefore? *
- b) General comment on the results achieved and the quality of performance and application of knowledge, delegated authority and conceptual and professional skills on the job.
- c) Comments clearly and in an unambiguous terms on the following attributes of the officer in relation to his performance:
 - (i) Commitment to the tasks assigned
 - (ii) Level of Supervising and monitoring regularly the work performance of the staff.
 - (iii) Devotion to duty
 - (iv) Human relations (his conduct with colleagues, superiors and subordinates and capacity to get work done)
 - (v) Public relation
 - (vi) Intellectual honesty, reactivity and innovative qualities
 - (vii) Integrity
 - (viii) Sense of responsibility
 - (ix) Knowledge of Rules / Procedures
 - (x) Knowledge of IT Skills/Relevant Subject
 - (xi) Leadership Qualities
 - xii) Please indicate if on any of the item in this part the Reporting Officer administered any written or oral warning or counseling and how the officer reacted thereafter

GRADING: OUTSTANDING/VERY GOOD/GOOD/AVERAGE/BELOW AVERAGE (If Below Bench Mark or Outstanding Grading is given, then reason may also be mentioned)

Signature of the Reporting Officer.....

Name & Designation Block Letters

Date

Employee Name:.....

Employee Code:.....

Employee Signature:.....

PART-IV—Remarks of the Reviewing Officer:-

1. Length of service under the Reviewing Officer :
2. Does the Reviewing Officer fully agree with the remarks of the Reporting Officer recorded in Part-III of the proforma? If he does not agree with any adverse remarks of the Reporting Officer, those remarks should be specifically mentioned for expunction or modification :
3. If the officer reported upon is a member of Scheduled Caste/Tribe, please indicate specifically whether the attitude of the Reporting Officer in assessing the performance of the SC/ST Officer has been fair and just. :
4. Is the officer reported upon specifically suited for particular job (including his/her role and responsibility as Revenue In charge of the Division? If so the nature of placement should be suggested. :
5. Aptitude and potentials of the officer reported upon and suggestion for possible lines of growth and development. :

Signature of the Reviewing Officer.....

Name in Block Letters

Designation.....

Date

PART-VI—Remarks of Accepting Authority:--

Signature

Name & Designation.....

Date.....

Employee Name:.....

Employee Code:.....

Employee Signature:.....