



# भारतीय आयुर्विज्ञान अनुसंधान परिषद INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

वी. रामलिंगस्वामी भवन, अन्सारी नगर, नई दिल्ली - 110 029

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)  
V. RAMALINGASWAMI BHAWAN, ANSARI NAGAR, NEW DELHI - 110 029

**Urgent**  
**By Speed Post**  
**Confidential**

No. ICMR/APAR/2019-Pers.

Dated, the 10<sup>th</sup> April, 2019

All Director/Director-in-Charge of the  
Permanent Institutes/Centres of the Council (by name).

Sub: - Annual Performance Appraisal Report (APAR) for the period ending  
31.3.2019 in respect of Scientific Staff - regarding -

Sir/Madam,

I am to request that action regarding writing of APAR in respect of Scientific staff of the rank of Scientist 'B' and above for the period ending 31<sup>st</sup> March, 2019 may please be intimated and sent to this office immediately latest by 15<sup>th</sup> May, 2019.

1. APAR may be written in the revised format as circulated vide this office letter No.6/15/2003-Admn.II dated 30.3.2010. APAR form can also be downloaded from ICMR website [www.icmr.nic.in](http://www.icmr.nic.in) or <http://www.icmr.nic.in/ACR/Scientists.pdf>.
2. While writing APARs, it may please be noted that the Director/Director-in-Charge of the Institutes/Centres is the Reviewing Authority up to the level of Scientist 'C' and Director General/Addl. Director General is the Reviewing Authority for Scientist 'D' and above. (copy enclosed).
3. Final Competent Authority to accept the recommendation of Reviewing Authority is Director General, ICMR (Part-V).

It is requested that APARs of the Scientist for previous years may also please be sent to this office immediately, if not sent earlier.

An early action in this regards is appreciated.

Yours faithfully,

(Rajiv R. Singh)

Asstt. Director General (A)

Encl: As Above.

*Copy to: Secy & Head (I.S.R.M) with request to place it on ICMR website.*

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THE STATE OF TEXAS  
COUNTY OF [illegible]

Know all men by these presents, that [illegible]  
[illegible] of the County of [illegible] State of Texas  
do hereby certify that [illegible]

NOTICE OF [illegible]

[illegible]  
[illegible]



Witness my hand and seal this [illegible] day of [illegible] 19[illegible]

[illegible]

[illegible]