



OFFICE OF THE REGISTRAR MANIPUR TECHNICAL UNIVERSITY, IMPHAL

(A University established under the Manipur Technical University Act, 2016)
Recognised by UGC under Section 2(f) and Section 22 of UGC Act, 1956
www.mtu.ac.in/www.mtuonline.in

NOTICE

Imphal, the 9th May, 2026

No. AC-MTU-301/1/2025-MTU-MTU: As approved by the Board of Management in its 17th Meeting held on 20th January, 2026, the Annual Confidential Report (ACR) formats for Group-A, Group-B, Group-C, and Group-D Non-Teaching Staff of Manipur Technical University are hereby notified as Annexure-I, II & III respectively.

2. The timeline for submission and completion of the Annual Confidential Report (ACR) of Manipur Technical University is given below:

Sl. No.	Activity	Cut-of dates
1	Self-Appraisal for current year	31 st May
2	Appraisal by reporting authority	31 st July
3	Appraisal by reviewing authority	30 th September
4	Appraisal by accepting authority	15 th December
5	Close/Completion	31 st December

Digitally signed by
Ramananda Nongmeikapam
Date: 09-05-2026 13:28:47
(Ramananda Nongmeikapam)
Registrar
Manipur Technical University
Imphal

Copy to:

1. P.S to the Vice-Chancellor, Manipur Technical University, Imphal.
2. Chief Finance Officer, Manipur Technical University, Imphal.
3. Web Administrator, Manipur Technical University for uploading in the University's website.
4. Guard file.

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL**
FORMAT OF ANNUAL CONFIDENTIAL REPORT FOR GROUP 'A' & 'B' OFFICERS
PERSONAL DATA

(To be filled in by the Official reported upon)

PART- I (Personal DATA)

1. Name of Official :
2. **Designation :**
3. **Date of birth :**
4. **Educational Qualification :**
5. **Pay on :**
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
9. Section(s) in which served during the year under report and period of service in each :
11. Department where generally attached :
12. Specific nature of work in the Dept./Section:
13. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

14. Training Programmes Attended:

Sl. No.	Name of training programme(s)	Period of training	Name of Institute
1			
2			
3			

Report on the conduct and Qualification of Mr./Ms. _____

PART-II

SELF APPRAISAL

(To be filled in by the Official reported upon)

15. Brief description of duties and responsibilities (about 100 words):

16. Please specify important targets/objectives/goals that were set for you or set by yourself in order of priority for the reporting period and your achievement against such targets/objectives/goals:

Sl. No.	Targets/Objectives/Goals	Achievements
1		
2		
3		
4		
5		
6		

17. What are the factors that hindered your performance?

Reporting Year _____

18. 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 verbal description (about 100 words):

19. Please indicate specific areas in which you feel the need to upgrade your skills through training programmes:

Date : _____

Signature of the Official : _____

Name (in block letters) : _____

Designation : _____

Part-III
REMARKS OF THE REPORTING AUTHORITY

20. ASSESSMENT OF PERSONAL ATTRIBUTES:

- a) Relations with fellow employees and the public:
- b) Communication Skills:
- c) Maturity with age and service:
- d) Team work and leadership:
- e) General alertness and intelligence:

21. ASSESSMENT OF FUNCTIONAL COMPETENCY:

- a) Drive and determination, initiatives, etc.:
- b) Readiness to assume responsibilities:
- c) Promptness in disposal of case:
- d) Ability to take decision and ingenuity to solve problem:
- e) Dependability and devotion to duty:
- f) Punctuality in attendance:
- g) Knowledge of laws, rules, regulations, guidelines, etc. of the relevant areas:
- h) Technical knowledge:

Report on the conduct and Qualification of Mr./Ms. _____

Reporting Year _____

- i) Awareness of technical/financial powers:
- j) Control against interference of private, social and outside activities on official duties:

22. ASSESSMENT OF JOB PERFORMANCE:

- a) Knowledge and application of specifications and standards:
- b) Coordination of works with others:
- c) Quality of works:
- d) Attention to details:
- e) Promptness in attending instruction:
- f) Regularity and effectiveness in site inspections:
- g) Management and organization of works:
- h) Accuracy and efficiency in framing/scrutinizing work estimate:
- j) Expenditure control:
- k) Control on procurement of stores material:
- m) Promptness in submission of estimates and returns:

23. Please indicate the Officer's contribution in case of significant higher achievement of the targets/goals/objectives:

24. Please specify important items of work in order of priority wherein quantitative/physical/financial targets/objectives/goals were achieved for the reporting year:

25. Has the officer reported upon met with any significant failures in respect of his work? If yes, please furnish factual details.

26. Has the Official been reprimanded for indifferent work or for other causes during the period under report? If so, please give brief particulars.

27. Please comment on the integrity of the Official reported upon (In general, the remarks relating to the column on integrity in the Confidential Reports of the Official reported upon shall be made by the Reporting Authority in any one of the options mentioned below:

- i. Beyond doubt
- ii. Since the integrity of the Official is doubtful, a secret note is attached
- iii. Not watched the Official's work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the Official):

Report on the conduct and Qualification of Mr./Ms. _____

Reporting Year _____

28. Pen picture by Reporting Authority (Please comment (in about 100 words) on the overall qualities of the Official including areas of strengths and lesser strengths and his attitude towards weaker sections)

29. Overall grading : _____
(Outstanding/Very Good/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____

Signature of

Reporting Authority : _____

Name (in block letters) : _____

Designation : _____

Report on the conduct and Qualification of Mr./Ms. _____

Part-IV

REMARKS BY THE REVIEWING AUTHORITY

30. Is the Reviewing Authority satisfied that the Reporting Authority has made his report with due care and attention after taking into account all the relevant material?

31. Do you agree with the assessment made by the Reporting Authority in Section – III?

32. In case of differences of opinion, details and reasons for the same may be given.

33. Pen picture by Reviewing Authority (Please comment (in about 100 words) on the overall qualities of the Official including areas of strengths and lesser strengths and his attitude towards weaker sections)

34. Overall grading: _____
(Outstanding/Very Good/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____

Signature of

Reviewing Authority : _____

Name (in block letters) : _____

Designation : _____

Part-V

(Countersignature by the accepting authority with remarks, if any)

35. Do you agree with the remarks of the Reporting /Reviewing authorities?

36. In case of differences of opinion, details and reasons for the same may be given.

37. Overall grading : _____
(Outstanding/Very Good/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____

Signature of

Accepting Authority : _____

Name (in block letters) : _____

Designation : _____

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
FORM OF CONFIDENTIAL REPORT OF PRIVATE SECRETARIES OF THE
UNIVERSITY**

Department/Office of the Secretariat:-

Report for the year/period ending:-

1. Name of Officer:
2. Date of Birth:
3. Present posting:
4. Date of appointment:
to the present grade
5. Name of officers with
whom employed during the year
and the period served with them

ASSESSMENT BY THE REPORTING OFFICER

(If any of the items mentioned below do not apply, the reporting officer should mention this fact against the relevant items)

6. Regularity and punctuality
in attendance
7. Proficiency and accuracy in
Stenographer work
8. Intelligency, keenness and industry
9. Trust worthiness in handling secret
and to-secret matter and papers
10. Maintenance of engagement dairy and
timely submission of necessary papers
for needing interview etc.
11. Initiative and tact in dealing
with telephone calls & visitors

12. Name of other duties, if any, on which deployed and whether carried them out satisfactorily
13. Fitness for promotion to the next higher grade
14. Fitness for promotion
15. Brief mention of any outstanding or notable works, if any, entitling special commendation
16. Has he/she been reprimanded for in different work or for other causes during the period under report? If so, give brief particulars.
17. Remarks as to defects in character inaptness etc. which militate against efficiency and suitability
18. Central assessment of personality character and temperament including relations with fellow employees' amenability to discipline etc.
19. Assessment of integrity (if anything adverse has come to your notice) please specify, if also
20. Grading

"OUTSTANDING", "VERY GOOD", "GOOD", "FAIR", "POOR".

Signature of the Report

Name in block letters

Designation

Note:-1. The substance of an unfavourable report will as a rule, be communicated to the officer reported on either orally, or in writing as

may be considered appropriate by the Reporting Officer and the fact of such communication will serve no useful purposes and may only discourage the officer reported on, the decision not to be communicated should also be noted.

2. Any adverse remarks made about the integrity of Government servant should also be communicated to him.

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
ANNUAL CONFIDENTIAL REPORT FOR NON-TEACHING STAFF
(GROUP- C:- DA, Jr.A)**

Annexure-II

Department / Office:

Report for the year / period ending

PART- I (Personal DATA)

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of Official :
2. Designation :
3. Date of birth :
4. Educational Qualification :
5. Pay on :
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
8. Whether permanent, Quasi-permanent, Temporary :
9. Section(s) in which served during the year under report and period of service in each :
10. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

11. Training Programmes Attended:

Sl. No.	Name of training programme(s)	Period of training	Name of Institute
1			
2			
3			

12. Department where generally attached :
13. Specific nature of work in the Dept./Section:

Report on the conduct and Qualification of Mr./Ms. _____
Reporting Year _____

PART- II (Assessment by the Reporting Officer)

14. State of Health :
15. General Intelligence and Keeness to learn :
16. Knowledge of Procedure:
17. Capacity to (a) Draft (b) Note (c) File handling:

32. (a) Fitness for promotion :

i) Fit

ii) Not yet fit

(b) Has the official any special characteristics and or any outstanding merits or abilities which would justify his/her advancement and special selection for higher appointment out of turn. If so, mention these characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Officer

Name in Block letters :

Designation :

Date :

PART-IV

(Countersignature by the accepting authority with remarks, if any)

Signature of the Countersigning Officer

Name in Block letters :

Designation :

Date :

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
ANNUAL CONFIDENTIAL REPORT
(FORM FOR COMPUTER OPERATOR/TECHNICAL ASSISTANT)**

Department / Office:

Report for the year / period ending

PART- I (Personal DATA)

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of Official :
2. Designation :
3. Date of birth :
4. Educational Qualification :
5. Pay on :
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
8. Whether permanent, Quasi-permanent, Temporary :
9. Section(s) in which served during the year under report and period of service in each :
10. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

11. Training Programmes Attended:

Sl. No.	Name of training programme(s)	Period of training	Name of Institute
1			
2			
3			

12. Department where generally attached :
13. Specific nature of work in the Dept./Section:

PART- II (A brief statement of work handled by the Official during the year period under report)
(To be filled by the Reporting Officer)

PART- III (Assessment by the Reporting Officer)

14. State of Health :
15. General Intelligence and Keeness to learn :

Report on the conduct and Qualification of Mr./Ms. _____
Reporting Year _____

(Assessment under Column 16 to 17 should not be indicated by tick marking but should express clearly in suitable words).

16. Proficiency in computer applications

- a) Excellent
- b) Very Good
- c) Good
- d) Average
- e) Poor

NB : Proficiency should be assessed in respect of both speed and accuracy.

17. Proficiency in his/her work viz, maintenance of prescribed Registers and charts

- a) Excellent
- b) Very Good
- c) Good
- d) Average
- e) Poor

18. Industry and Keeness :

- a) Puts in hard work and is keen to do his/her job thoroughly
- b) Is indifferent and required promotion and constant supervision to ensure completion of his/her work

19. Has he/she ever been entrusted with work other than routine? If so, indicate his/her capacity to express himself/herself with clarify and comprehension in his/her notes/drafts.

20. Amenability of discipline :

21. Punctuality in attendance :

22. Relations with fellow employees :

23. Integrity :

(This column should be filled as per instruction issued under OM No.....)

24. Has the Official been reprimanded for in-different work or for other causes during the period under report? If so please give brief particulars :

25. Has the official done any outstanding or notable work meriting commendation? Briefly mention them :

Signature of Reporting Officer

Name in Block letters :

Designation :

Date :

PART- IV
(Remarks by the Reviewing Officer)

26. Length of service under reviewing Officer :

27. Do you agree with the remarks of the Reporting Officer? If not, indicate the extent of your disagreement. If you wish to add anything specific with regards to over and above the remarks of the Reporting Officer, please mention them. You may also sum up your views.

28. (a) Fitness for promotion :

i) Fit

ii) Not yet fit

(b) Has the official any special characteristics and or any outstanding merits or abilities which would justify his/her advancement and special selection for higher appointment out of turn. If so, mention these characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Officer

Name in Block letters :

Designation :

Date :

PART-V
(Countersignature by the accepting authority with remarks, if any)

Signature of the Countersigning Officer

Name in Block letters :

Designation :

Date :

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
ANNUAL CONFIDENTIAL REPORT**

(FORM FOR LABORATORY TECHNICIAN/LABORATORY ATTENDENT/LAIBARY ASSISTANT/CARE TAKER)

Department / Office:

Report for the year / period ending

PART- I (Personal DATA)

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of Official :
2. Designation :
3. Date of birth :
4. Educational Qualification :
5. Pay on :
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
8. Whether permanent, Quasi-permanent, Temporary :
9. Section(s) in which served during the year under report and period of service in each :
10. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

11. Training Programmes Attended:

Sl. No.	Name of training programme(s)	Period of training	Name of Institute
1			
2			
3			

12. Department where generally attached :
13. Specific nature of work in the Dept./Section:

PART- II (A brief statement of work handled by the Official during the year period under report)
(To be filled by the Reporting Officer)

PART- III (Assessment by the Reporting Officer)

14. State of Health :
15. General Intelligence and Keeness to learn :
16. Knowledge of Procedure:

Report on the conduct and Qualification of Mr/Ms _____
Reporting Year _____

PART- IV
(Remarks by the Reviewing Officer)

29. Length of service under reviewing Officer :

30. Do you agree with the remarks of the Reporting Officer? If not, indicate the extent of your disagreement. If you wish to add anything specific with regards to over and above the remarks of the Reporting Officer, please mention them. You may also sum up your views.

31. (a) Fitness for promotion :

i) Fit

ii) Not yet fit

(b) Has the official any special characteristics and or any outstanding merits or abilities which would justify his/her advancement and special selection for higher appointment out of turn. If so, mention these characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Officer

Name in Block letters :

Designation :

Date :

PART-V
(Countersignature by the accepting authority with remarks, if any)

Signature of the Countersigning Officer

Name in Block letters :

Designation :

Date :

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
ANNUAL CONFIDENTIAL REPORT FOR NON-TEACHING STAFF
(GROUP- C (Only for Drivers))**

Department / Office:

Report for the year / period ending

PART- I (Personal DATA)

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of Official :
2. Designation :
3. Date of birth :
4. Educational Qualification :
5. Pay on :
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
8. Whether permanent, Quasi-permanent, Temporary :
9. Section(s) in which served during the year under report and period of service in each :
10. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

11. Department where generally attached :
12. Specific nature of work in the Dept./Section:

Report on the conduct and Qualification of Mr./Ms. _____
Reporting Year _____

PART- II (Assessment by the Reporting Authority)

13. State of Health :
14. Punctuality and Devotion to duty:

15. Ability to get along and behaviour with

(a) Superior Officers:

(b) Colleagues:

18. Whether the employee stays at his headquarter after closing of office and during holidays:

16. (For Drivers on hand Assessment):

a). Does he show proper courtesy and good Manners towards all persons using the office vehicle:

b). Does he keep the vehicle clean and tidy:

c). Technical Knowledge about the vehicle which he drives:

d). Proficiency in safe driving and maintenance of the vehicle:

e). Acquittance with traffic rules and other road signs:

f). Number of accidents, if any:

(a) Minor

(b) Major

17. Industry and Keenness:

a) Puts in hard work and is keen to do his/her job thoroughly

b) Is indifferent and required promotion and constant supervision to ensure completion of his/her work

18. Has he/she ever been entrusted with work other than routine? If so, indicate his/her capacity to express himself/herself with clarity and comprehension in his/her notes/drafts.

19. Amenability of discipline :

20. Relations with fellow employees :

21. Integrity :

22. Has the Official been reprimanded for in-different work or for other causes during the period under report? If so please give brief particulars :

23. Has the official done any outstanding or notable work meriting commendation? Briefly mention them:

Signature of Reporting Authority:

Name in Block letters:

Designation:

Date:

PART- III
(Remarks by the Reviewing Authority)

24. Length of service under Reviewing Authority:

25. Do you agree with the remarks of the Reporting Authority? If not, indicate the extent of your disagreement. If you wish to add anything specific with regards to over and above the remarks of the Reporting Officer, please mention them. You may also sum up your views.

26. (a) Fitness for promotion :

i) Fit

ii) Not yet fit

(b) Has the official any special characteristics and or any outstanding merits or abilities which would justify his/her advancement and special selection for higher appointment out of turn. If so, mention these characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Authority:

Name in Block letters:

Designation:

Date:

PART-IV
(Countersignature by the accepting authority with remarks, if any)

Signature of the Countersigning Officer

Name in Block letters :

Designation :

Date :

**MANIPUR TECHNICAL UNIVERSITY,
IMPHAL
ANNUAL CONFIDENTIAL REPORT FOR NON-TEACHING STAFF
(GROUP- D)**

Annexure-III

Department / Office:

Report for the year / period ending

PART- I (Personal DATA)

(To be filled by the Administrative Section concerned of the Department / Office)

1. Name of Official :
2. Designation :
3. Date of birth :
4. Educational Qualification :
5. Pay on :
6. Scale of Pay :
7. Date of continuous appointment to the present Grade, viz :
8. Whether permanent, Quasi-permanent, Temporary :
9. Section(s) in which served during the year under report and period of service in each :
10. Period of absence on leave, etc.:

Sl. No.	Authority	Period	Type	Remarks
1	On leave (specify type)			
2	Others (specify)			

11. Department where generally attached :
12. Specific nature of work in the Dept./Section:

Report on the conduct and Qualification of Mr./Ms. _____
Reporting Year _____

PART- II (Assessment by the Reporting Authority)

13. State of Health :
14. Punctuality and Devotion to duty:

15. Ability to get along and behaviour with

(a) Superior Officers:

(b) Colleagues:

18. Whether the employee stays at his headquarter after closing of office and during holidays:

16. (For Drivers):

a). Does he show proper courtesy and good Manners towards all persons using the office vehicle:

b). Does he keep the vehicle clean and tidy:

c). Technical Knowledge about the vehicle which he drives:

d). Proficiency in safe driving and maintenance of the vehicle:

e). Acquittance with traffic rules and other road signs:

f). Number of accidents, if any:

(a) Minor

(b) Major

17. Industry and Keeness:

a) Puts in hard work and is keen to do his/her job thoroughly

b) Is indifferent and required promotion and constant supervision to ensure completion of his/her work

18. Has he/she ever been entrusted with work other than routine? If so, indicate his/her capacity to express himself/herself with clarity and comprehension in his/her notes/drafts.

19. Amenability of discipline :

20. Relations with fellow employees :

21. Integrity :

22. Has the Official been reprimanded for in-different work or for other causes during the period under report? If so please give brief particulars :

23. Has the official done any outstanding or notable work meriting commendation? Briefly mention them:

Signature of Reporting Authority:

Name in Block letters:

Designation:

Date:

PART- III
(Remarks by the Reviewing Authority)

24. Length of service under Reviewing Authority:

25. Do you agree with the remarks of the Reporting Authority? If not, indicate the extent of your disagreement. If you wish to add anything specific with regards to over and above the remarks of the Reporting Officer, please mention them. You may also sum up your views.

26. (a) Fitness for promotion :

i) Fit

ii) Not yet fit

(b) Has the official any special characteristics and or any outstanding merits or abilities which would justify his/her advancement and special selection for higher appointment out of turn. If so, mention these characteristics briefly and indicate why you consider him/her fit out of turn promotion:

Signature of the Reviewing Authority:

Name in Block letters:

Designation:

Date:

PART-IV
(Countersignature by the accepting authority with remarks, if any)

Signature of the Countersigning Officer

Name in Block letters :

Designation :

Date :