



सत्यमेव जयते

GOVERNMENT OF INDIA  
MINISTRY OF FINANCE  
CENTRAL BOARD OF DIRECT TAXES  
(HUMAN RESOURCES DEVELOPMENT)

2<sup>nd</sup> Floor, JLN Stadium, Pragati Vihar, New Delhi – 110003.

F.No. HRD/PM/APAR/403/SPARROW/2020-21/9818

Dated: 31/03/2021

To,

All the Pr. CCsIT (CCA)/ Pr. DGsIT/ CCsIT/DGsIT

Respected Sir/Madam,

**Sub: Initiation of APARs for the reporting year 2020-21 on SPARROW -reg.**

Kindly refer to the above.

2. In this respect, it is submitted that in pursuance to the DoPT O.Ms, the timeline for the initiation of APARs for the reporting year 2020-21 by the officers is 15<sup>th</sup> April 2021. Hence, all officers posted in all field formations may kindly be directed to submit their basic employee details duly attested by the DDO to their Primary/Alternate Custodians in accordance with the SOP (Standard Operating Procedures) for SPARROW users released by this office vide F.No. HRD/PM/APAR/403/SPARROW/2020-21/9477 dated 22.03.2021 latest by 15<sup>th</sup> April 2021. Draft proforma for filling of basic employee information is appended as Annexure 'A'.

3. All officers in the field formations of the department shall submit their basic employee information to their Primary/Alternate Custodians and the officers posted on deputation to other departments shall submit the same to the Directorate of HRD (on the email id [sparrow.hrd@incometax.gov.in](mailto:sparrow.hrd@incometax.gov.in)) **only in the format that is appended to this letter as Annexure 'A'**.

4. This issue with the approval of the Competent Authority.

Yours faithfully,

(Meeta Singh)

Additional Director General-1  
HRD, New Delhi

Form 1

FOR ALL OFFICERS (Including Deputations)

Performance Appraisal Report for the period from \_\_\_\_\_ to \_\_\_\_\_

Time period which the report does not cover if any, and reasons there of:

Period for which PAR is not written	Reasons why the PAR is not written

Sl. No.	Name and designation of the Reporting Officer*	Post held during the period	Time period as Reporting Officer

\*Multiple entries possible

Sl. No.	Name and designation of the Reviewing Officer*	Post held during the period	Time period as Reviewing Officer

\*Multiple entries possible

Section I- Basic Information

(To be filled in by the Head of Department)

1. Name of the officer reported upon:

2. Years in Service:

3. Year of recruitment :

4. Year of allotment:

5. Civil Code No.

6. Date of Birth:

7. Present Grade:

8. Present post held by the officer during the period reported upon:

9. Date of appointment to present post:

**10. Reporting and Reviewing Authority\***

	Name & Designation	Period Worked
Reporting Authority		
Reviewing Authority		

\* Please mention names of the officers who are going to report and review this period of your APAR.

**11. Period of absence on leave etc.**

	Period	Type	Remarks
On Leave (specify type)			
Others (specify)			

**12. Education and training programs for which nominated and attended**

Nominated	Attended	Institute	Subject	Reason for non-attendance

**13. Awards/Honours books publications including journals :**

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14. Penalties, if any, imposed during the year :

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15. Date of filing the annual immovable property return for year ending December

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16. Date of last prescribed medical examination for officers 40 years of age and above. (Attach copy of the summary of the medical report)

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**17. Position of Staff posted with the officer as on 31st December of the year.**

Designation	Sanctioned Strength	Actual Strength

18. Has the officer completed APARs of Group 'A' and 'B' officers working under him/her, in respect of the previous reporting year, within the stipulated time?

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Signature on behalf of  
Cadre Controlling Authority

Date: