No. A-28011/1/2025-P.I (**E-253939**)
Government of India
Ministry of Environment, Forest & Climate Change
***

Indira Paryavaran Bhawan,
Prithvi Block, 1st Floor,
Jor Bagh Road,
New Delhi – 110003

Dated the 11th March, 2025

OFFICE MEMORANDUM

Subject :- Creating workflow and generating online APARs for the period 2024-2025 in respect of officers/officials working in the Ministry of Environment, Forest & Climate Change – reg.

The undersigned is directed to refer to the O.M. of even No. dated 5th March, 2025 on the above mentioned and to say that requisite information/ workflow for generating online APARs for the year 2024-25, has not yet been received from several officers/ officials of this Ministry.

2.   It is, therefore, once again requested that the requisite information/workflow as per the enclosed proforma may be submitted physically to APAR Cell or may be sent electronically on the mail id anuj.prakash@gov.in for generating online APARs in the SPARROW system, by 13.03.2025 (Thursday) positively. The information/ workflow must be duly signed by the concerned official/ officer and should be forwarded through the concerned reporting officer.

3.   The period of no report/ review, if any, should be specifically indicated along with valid reasons in the proforma itself for generation of No Report Certificate/ No Review Certificate.

4.   The information/workflow submitted by the Officers would be verified by the Administrative Division before generating the APARs online in SPARROW.

Encl. as above.

Sanjay Kumar

(Sanjay Kumar)
Under Secretary to the Govt. of India
Tel. No.: 011-20819194

To,
   1. All the Officers/Officials of MoEF&CC; and
   2. Senior Consultant (IT) with a request to upload this communication on e-office Notice Board.

Basic Information

1. Name of the Officer reported upon   :
2. Service   :
3. Cadre   :
4. Year of Allotment   :
5. Date of Birth   :
6. Present Grade   :
7. Present Post   :
8. Date of Appointment to Present Post   :
9. Reporting, Reviewing and Accepting Authorities

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				
Accepting Authority				

10. Period of absence on leave etc.

Sl. No.	Period From	Period To	Type	Remarks

11. Training Programs Attended

Date From	Date To	Institute	Subject

12. Awards/Honours

13. Details of PARs of officers not written by the officer as reporting/reviewing authority for the previous year

14. Date of filing the property return for year ending December   :
15. Date of last prescribed medical examination   :
(for officers over 40 years of age).
Attach copy of the summary of the medical report

Certified that the information provided above is true and correct to best of my knowledge.

Signature

Basic Information

1. Name of the Officer reported upon   :
2. Date of Birth   :
3. Date of entry into the Indian Economic Service   :
4. Present Grade   :
5. Date of continuous appointment to present grade   :
6. Present Post (Designation and Place of Posting)   :
7. Date of Appointment to Present Post   :
8. Reporting, Reviewing and Accepting Authorities   :

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				
Accepting Authority				

9. Period of absence from duty during the period of report or training, if any :

Sl. No.	Period From	Period To	Type	Remarks

10. Training Programs attended during the period of report :

Date From	Date To	Institute	Subject

11. Whether the officer reported upon has completed APAR's of Group 'A' and Group 'B' officers working under him/her in respect of previous reporting year, within the stipulated time frame ? :

Certified that the information provided above is true and correct to best of my knowledge.

Signature

Basic Information

1. Name of the Officer   :
2. Date of Birth   :
3. Date of entry in Govt. Service   :
4. Date of Entry in ISS   :
5. Present Post held   :
6. Date of continuous appointment to present grade/post   :
7. Present Basis Pay   :
8. Pay Band   :
9. Grade Pay   :
10. Academic Qualification   :
11. Reporting, Reviewing and Accepting Authorities   :

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				
Accepting Authority				

12. Period of absence from duty or training, if any, during the period of report :

Sl. No.	Period From	Period To	Type	Remarks

13. Training Programs attended during the period of report :

Date From	Date To	Institute	Subject

14. Whether the officer reported upon has completed APAR's of Group 'A' and Group 'B' officers working under him/her in respect of previous reporting year, within the stipulated time frame ? :

Certified that the information provided above is true and correct to best of my knowledge.

Signature

Basic Information

1. Name of the Officer   :

2. Date of Birth (DD/MM/YYYY)   :

3. Date of continuous appointment to present grade   :

4. Grade   :

5. Present post and date of appointment thereto   :

6. Period of absence from duty(on training leave etc.)
   during the year. If he has undergone training, specify   :

Sl. No.	Period From	Period To	Type	Remarks

7. Reporting, Reviewing and Accepting Authorities

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				

Certified that the information provided above is true and correct to best of my knowledge.

Basic Information

1. Name of the Officer   :

2. Date of Birth (DD/MM/YYYY)   :

3. Designation of post held   :

4. Date of continuous appointment to present grade   :

5. Grade   :

6. Present post and date of appointment thereto   :

7. Name of Officer with designation with whom attached during period under report

Authority	Name	Designation	Period	
			From	To
Reporting Authority				

8. Period of absence from duty (on training, leave etc.) during the year. If he has under gone training, specify.

Sl. No.	Period From	Period To	Type	Remarks

9. Reporting, Reviewing and Accepting Authorities

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				

Certified that the information provided above is true and correct to best of my knowledge.

Signature

Basic Information

1. Name of the Officer   :

2. Date of Birth (DD/MM/YYYY)   :

3. Designation of post held   :

4. Whether the officer belongs to Scheduled Caste/Scheduled Tribe?   :

5. ate of continuous appointment in the present grade :

6. Grade   :

7. Period of absence from duty (on training, leave etc.) during the year.

Sl. No.	Period From	Period To	Type	Remarks

8. Reporting, Reviewing and Accepting Authorities

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				

Certified that the information provided above is true and correct to best of my knowledge.

Signature

Section 1 Format for Scientists

Basic Information

1. Name of Scientist   :

2. Date of Birth   :

3. Date of continuous appointment to present grade   :

4. Grade   :

5. Present post and date of appointment thereto   :

6. Period of absence from duty(on training leave etc.)
   during the year. If he has undergone training, specify   :

Sl. No.	Period From	Period To	No. of Days	Remarks

7. Reporting, Reviewing and Accepting Authorities

Authority	Name	Designation	Period	
			From	To
Reporting Authority				
Reviewing Authority				

Certified that the information provided above is true and correct to best of my knowledge.

Signature