

Certificate by the Officer reported upon regarding his/her ACR for the year

1. I..... Staff No.....
Designation Unit.....
hereby certify that I have gone through my ACR/APAR for the year
..... and agree and accept the remarks and grading given in the
ACR/APAR by my Controlling and reviewing officers.

2. I..... Staff No.....
Designation Unit.....
hereby certify that I have gone through my ACR/APAR and do not agree
and do not accept the remarks and grading given in the ACR/APAR by my
Controlling and reviewing officers. I shall submit my representation within
15 days from today. I also understand that if I do not submit my
representation within 15 days then this ACR/APAR will be treated as final
and will be binding on me.

Signature.....

Date.....

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