### **Most Urgent**

## Western Railway

Office of the Principal Chief Security Commissioner/RPF Churchgate, Mumbai – 400 020.

No. SFE 90/3/1 (Review)

Date:

26.07.2019

Sr.DSCs/DSCs - BCT/BRC/ADI/RTM/RJT/BVP & SC(T)BL ASC - Res.MX

Sub:- Strengthening of administration – premature retirement of Railway Servants- periodical review under Rule 1802(a)1803(b)1804 (a)-R-II 1987.

In terms of Railway Board's letter No. E(P&A) I-2015/RT-38 dt. 10-12/11/2015 (RBE No. 143/2015), periodical review of staff who will be attaining the age of 55 years or will be completing 30 years of service qualifying for pension, is to be done.

therefore requested to furnish the service records of staff in the enclosed proforma, who will be attaining the age of 55 years or will be completing 30 years of service qualifying for pension, whichever occurs earlier, in the 1<sup>st</sup> quarter of the year 2020 i.e. from January to March'2020.

The above information shall be submitted to this office by 9.08.2019 positively.

(S. Rahamatulla)
Staff Officer to PCSC

Encl: as above

# PROFORMA FOR REVIEW OF SERIVCE OF Gr. "C" & "D" STAFF FOR RETENTION OR OTHERWISE IN SERVICE BEYOND 55 YEARS OF AGE /30 YEARS OF QUALIFYING SERIVCE.

#### **BIO-DATA**

| · OFF | FICE:                                                    | FILE NO:-                | DAT         | E FORWARDE | ) <b>–</b> |
|-------|----------------------------------------------------------|--------------------------|-------------|------------|------------|
| 1     | Name                                                     |                          |             |            |            |
| 2     | Date of birth                                            |                          |             |            |            |
| 3     | Date of Appointment in                                   | service                  |             |            |            |
| 4     | Date of completion of 5                                  | 5 years of age           |             |            |            |
| 5     | Date of completion of 3 (in case of P.F. optee)          | 0 years service          | · · · · · · |            |            |
| 6     | Date of completion of 3 qualifying service (in ca optee) | 0 years<br>se of pension |             |            |            |
| 7     | Break in service cause                                   | d, if any                |             | - 110      |            |
| 8     | Present Designation                                      | 17-47.                   |             |            |            |
| 9     | Present Grade Rs.                                        |                          |             |            |            |
| 10    | Station now employed                                     |                          |             |            |            |
| 11    | Details of posts held du                                 | ring last 05 years       | Designation | From       | То         |
|       |                                                          | •                        |             |            |            |
|       |                                                          |                          |             |            | ,          |
|       |                                                          |                          |             |            |            |
|       |                                                          |                          |             |            |            |
|       |                                                          |                          |             |            |            |
| 12    | P.F./Pension optee                                       |                          |             |            |            |
| 13    | Designation of appointir                                 | ng authority             |             |            |            |

#### II ASSESMENT

# PERFORMANCE REPORT OF THE CONTROLLING OFFICER ON THE BASIS OF LAST FIVE YEARS SERVICE

(To be recorded by an officer not lower than a Senior Scale Officer)

| (a) Is he/she physically and mentally fit to discharge duties effectively if continued in service ? | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b) His/her attendance                                                                              | Good                                                                                                                                                                                                                                                                                                               | Poor                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                          |
| (c) His/her punctuality                                                                             | Good                                                                                                                                                                                                                                                                                                               | Poor                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |
| promptly?                                                                                           | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
| (e) Does he/ she takes decisions?                                                                   | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
| f) Are his/her inspections sound and fruitful?                                                      | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
| (g) Is he/she cost conscious ?                                                                      | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
| (h) Can he/ she maintain discipline amongst subordinates?                                           | Yes                                                                                                                                                                                                                                                                                                                | NO                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                     | discharge duties effectively if continued in service ?  (b) His/her attendance  (c) His/her punctuality  (d)Does he/she deal with correspondence promptly?  (e) Does he/ she takes decisions?  f) Are his/her inspections sound and fruitful?  (g) Is he/she cost conscious ?  (h) Can he/ she maintain discipline | discharge duties effectively if continued in service?  (b) His/her attendance Good  (c) His/her punctuality Good  (d)Does he/she deal with correspondence promptly?  (e) Does he/ she takes decisions? Yes  f) Are his/her inspections sound and fruitful?  (g) Is he/she cost conscious ? Yes  (h) Can he/ she maintain discipline Yes | discharge duties effectively if continued in service?  (b) His/her attendance Good Poor  (c) His/her punctuality Good Poor  (d)Does he/she deal with correspondence promptly?  (e) Does he/ she takes decisions? Yes NO  f) Are his/her inspections sound and fruitful?  (g) Is he/she cost conscious ? Yes NO  (h) Can he/ she maintain discipline Yes NO |

| Signature     |     |  |
|---------------|-----|--|
| Name -        |     |  |
| Designation - | · . |  |

<sup>\*</sup>This should be reflected by particulars recorded in column No. 18.

#### III RECORD OF SERVICE DURING HIS ENTIRE CAREER

| 15          | Appreciation of good work done if any                  |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 11          | 11          |         |
|-------------|--------------------------------------------------------|--------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------|---------|
| 16          | Particular of penalties imposed, if any with reasons   |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Nature of penalty imposed                              | No. c  | of times<br>sed |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reasons       | ,           |             |         |
| .,          | Minor Charge sheet                                     |        |                 | A STATE OF THE STA |               | ,           |             |         |
| 17          | REMARKS RECORDED IN                                    | THE    | CONFIDE         | NTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REPORT,D      | URING T     | HE LAST     | 5 YEARS |
| -           |                                                        | Year   | 2014-<br>15     | 2015<br>16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | 2017-       | 2018-<br>19 |         |
| <del></del> | Year A)Classification                                  |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | B)Remarks about integrity                              |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | c)Adverse remarks, if any                              |        | -               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             | -           | -           | -       |
|             | D)Whether adverse remark were communicated to employee | s .    | -               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             | -           | -           | -       |
| 18          | ATTENDANCE PARTICULARS FOR PREVIOUS FIVE YEARS.        |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             |                                                        | Year   | 2014-<br>15     | 2015<br>16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - 2016-<br>17 | 2017-<br>18 | 2018-<br>19 |         |
|             | 1 Sick Leave<br>i) Full pay<br>ii) Half pay            |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             | -           |         |
|             | 2 Leave Not Due                                        |        | -               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             | -           | -           |         |
|             | 3 Leave Without Pay                                    |        | -               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             | -           | -           |         |
| 19          | PARTICULARS OF DAR/S<br>CASES PENDING, IF ANY          | SPE/V  | IGILANC         | Ē                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             |             |             | •       |
| 20          | SPEAKING ORDERS OF T<br>REVIEW COMMITTEE               | HE     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | File No : SFE90/3/1 (Re                                | eview) | 1               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Signature :                                            |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Name :                                                 |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Designation:                                           |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             |                                                        |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Date :                                                 |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |
|             | Date :                                                 |        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |             |         |