## Employee details for 'Manavsampada' Human Resource Management System [Please provide as much information as you can. | Fields marked as # are mandatory.]

## Employee Registration Details

1.	GPF/CPS/PRAN No. #		
2.	Aadhaar Number		Photo
3.	Name #		
4.	Date Of Birth #		
5.	Designation #		
6.	Parent Dept.#		
7.	Mob No. #		
8.	Mode of Recruitment		
9.	Employee Type		
	Form 1: Empl	loyee Personal Information	
10.	Father/Mother/Husband's Name #		
11.	Gender		
12.	Marital Status		
13.	Identification Mark		
14.	Category #		
15.	Religion		
16.	Home State #		
17.	Home District		
18.	LTC Home Town		
19.	Nearest Railway Station		
20.	Cadre (State/ District)		

Form 2: Employee Address Information Present Address # 21. 22. **District** 23. State # 24. **PIN Code** 25. **Email** Permanent Address \* **26.** 27. **District** 28. State # PIN Code 29. Form 3: Employee Initial Joining Information 30. State # Department # 31. Office Name # <u>32.</u> **33.** Designation # 34. **Date of Joining** Whether Confirmed (Yes/ No) 35. **36.** If Yes, Date of Confirmation **37. Confirmation Order Number Confirmation Order Date** 38. **39. Appointing Authority** Mode of Recruitment # **40.** 41. Name of Service at the time of joining **42.** Class (I/II/III/IV) 43. Employee Type # (Permanent/ Temporary/ Ad hoc) **Gazetted/Non-gazetted** 44. 45. Seniority in Gradation List / Year *No.*: Year: 46. **Pay Commission**<sup>#</sup> (At the time of Joining) Pay Scale/ Pay Band + Grade Pay # 47. Basic Pay # 48. **Deduction Type (GPF/ CPS) 49.** 

<del>50.</del>

**Member of GIS or Not** 

Form 4: Employee Education and Training Information

Educa	ation Details (Matric and A	bove) [Fill: Sub	ject/ Stream, #Bo	oard/ University, #Passir	
51.	Matric #				Grade or Division
51.	Matric				
52.	Intermediate/ 10+2 #				
54.	Graduation #				
55.	Post Graduation (Enclose a separate sheet if you qualification)	u have more			
Train	ing Details (Please mention in	India or Abroad	l) [Enclose a sep	arate sheet if you attende	ed more than one training]
56.	Training Type (Basic/ Interme	diate/ Advance) #			
57.	Training Name				
58.	Name of Institute				
59.	Period (In MM/YYYY)		From:	/ <b>To:</b>	/
60.	Total No. of Days in Train	ning			
		Form 5: Emplo	yee Family In	formation	
61.	Employee Family Mem	ber Details			
	Member Name #		ation #	Date of Birth (For Children only)	Dependent or Not
	Member Name #		ation #		Dependent or Not
	Member Name #		ation #		Dependent or Not
	Member Name #		ation #		Dependent or Not
	Member Name #		ation #		Dependent or Not
	Member Name #		ation #		Dependent or Not
	Member Name #		ation #		Dependent or Not
		Rel		(For Children only)	Dependent or Not
Empl	oyee Nomination Details fo	Form 6: Employ		(For Children only)  Details	
Empl 62.		Rel		(For Children only)  Details	Dependent or Not
	oyee Nomination Details fo	Form 6: Employ	vee Nominee 1	(For Children only)  Details	
62.	oyee Nomination Details fo  Nominee Name #	Rel Form 6: Employ r GPF/ CPS Relation #	vee Nominee 1	(For Children only)  Details	
62.	oyee Nomination Details fo	Rel Form 6: Employ r GPF/ CPS Relation #	vee Nominee 1	(For Children only)  Details	
62.	oyee Nomination Details fo  Nominee Name #	Rel Form 6: Employ r GPF/ CPS Relation #	vee Nominee 1	(For Children only)  Details	ddress #
62.	oyee Nomination Details fo  Nominee Name #  Guardian Details, if nomin	Rel Form 6: Employ r GPF/ CPS Relation #	vee Nominee 1	(For Children only)  Details  Ac	ddress #
62.	oyee Nomination Details fo  Nominee Name #  Guardian Details, if nomin	Rel Form 6: Employ r GPF/ CPS Relation #	vee Nominee 1	(For Children only)  Details  Ac	ddress #

Form 7: Employee Service History

63.	Employee	Increme	nt Details	Torm 7.	Employe	e Dei	vice Histo	<i>1 y</i>			
Sl. No.	# Scale	Increment Date #	# Increment Amount	# B. Pay after Increment	Vide Order No/ Date	Sl. No.	# Scale	# Increment Date	# Increment Amount	# B. Pay after Increment	Vide Order No/ Date
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

64.	64. Employee Promotion Details							
Sl. No.	# Designation From	# Designation To	# Scale From	# Scale Too	Vide Oder No./ Date	#Transferred or Not (If yes, Please fill the details in 'Transfer Details Table' below)		
1						ŕ		
2								
3								
4								
5								

Sl. No.	# Designation From	# Office From	# Designation To	# Office To	Joining Date (New Office)	Vide Oder No./ Date	# Whether Transferred after Promotion? (Please mention 'Yes' or 'No')
1							,
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

66.	Time Bound Promotion/ ACP/ MACP Details (Please mention event type explicitly in 'Remarks' column)					
Sl. No.	# Pay Scale (From)	# Pay Scale (To)	Increment Amount	B. Pay after Increment	Vide Order No/ Date	Remarks
1						
2						
3						

## Form 8: Employee Posting and Establishment Detail

Emp	Employee Current Posting Details				
67.	Posting Department <sup>#</sup>				
68.	District <sup>#</sup>				
69.	Posting Office <sup>#</sup>				
70.	Posting Designation#				
71.	Joining Date in Current Office#				

Emp	Employee Service Book Information				
72.	Establishment Department <sup>#</sup>				
73.	Establishment District <sup>#</sup>				
74.	Establishment Office <sup>#</sup>				

Signature