

**HOSPITAL ADMINISTRATION BRANCH-II**

**CIRCULAR**

It is submitted that Manav sampda Human Resource Management System has introduced the concept of E-Service Record of the employees working under Chandigarh Administration, for which the employees Registration Details are mandatory, which should be filled up in the prescribed performa.

Therefore, all the HODs/ Branch Incharges are requested to kindly direct the employees of Paramedical Technical Staff working under their control to fill up the prescribed performa i.e. "Employees Registration Details" and submit the same alongwith necessary documents to Hospital Administration Branch-II within 05 days positively from the date of issue of this circular.

This may be treated as "Most Urgent".

*neeru*  
Office Superintendent (HAI)✓

Endst. No. GMCH/HA-II/EA-IV/2020/50254 Dated: 24 JAN 2020

A copy is forwarded to all the HODs/ Branch Incharges, GMCH for information and necessary action please:

*neeru*  
Office Superintendent (HAI)✓

## Employee details for 'Manavsampada' Human Resource Management System

[Please provide as much information as you can. | Fields marked as # are mandatory.]

## 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.	Name.#		Photo
2.	Father/Mother/Husband's Name		
3.	Date Of Birth (DD/MM/YYYY)#		
4.	Employee Type# (Tick right option)	(Regular, Contract, Temporary)	
5.	Aadhaar Number (UID NO)#		
6.	Nationality.#		
7.	Current Designation#		
8.	Sub Designation		
9.	E- Salary Code (Sevarth Salary Code)#		
10.	Category# (General/SC/OBC/ST)		

## Employee Current Posting Details

11.	<b>Current Posting Department</b> <sup>#</sup>	
12	<b>Current Posting District</b> <sup>#</sup>	
13	<b>Office Level</b> <sup>#</sup>	(Directorate)
14	<b>Current Posting Office</b> <sup>#</sup>	
15	<b>Date Of Joining</b> <sup>#</sup>	
16	<b>Date Of Retirement</b> <sup>#</sup>	
17	<b>Current Class</b> <sup>#</sup> (Tick right option)	(A/B/C/D)
18	<b>Establishment Office</b> <sup>#</sup>	
19	<b>Mode of Recruitment</b> <sup>#</sup> (Direct)	
20	<b>Branch</b>	
21	<b>Current Establishment Department</b>	

Form 1: Employee Personal Information

22.	Father/Mother/Husband's Name <sup>#</sup>	
23.	Gender (Tick right option)	(Male/ Female)
24.	Marital Status (Tick right option)	(Married/Unmarried/Widow/Divorced)
25.	Identification Mark	
26.	Category <sup>#</sup> (Tick right option)	(General/SC/OBC/ST)
27.	Religion	
28.	Home State <sup>#</sup>	
29.	Home District	
30.	LTC Home Town	
31.	Nearest Railway Station	
32.	Cadre (State)	
33.	Blood Group	
34.	Source of Appointment (Tick right option)	(Department/Board/Corporation/UPSC/Deputation/Employment Exchange/DHS)
35.	Height (cm)	
36.	Service (Tick right option)	(Ministrial/Technical)
37.	Mobile number	

**Form 2: Employee Address Information**

38.	Present Address #	
39.	District	
40.	State #	
41.	PIN Code	
42.	Email	

43.	Permanent Address #	
44.	District	
45.	State #	
46.	PIN Code	

**Form 3: Employee Initial Joining Information**

42.	State #	
43.	Department #	
44.	Office Name #	
45.	Designation #	
46.	Date of Joining (FN/AN)	
47.	Whether Confirmed (Yes/ No)	
48.	If Yes, Date of Confirmation	
49.	Confirmation Order Number	
50.	Confirmation Order Date	
51.	Appointing Authority	
52.	Mode of Recruitment #	
53.	Name of Service at the time of joining	
54.	Class (A/B/C/D)	
55.	Employee Type # (Tick right option)	(Permanent/ Temporary/ Ad hoc)
56.	Gazetted/ Non-gazetted	
57.	Seniority in Gradation List / Year	No. : Year:
58.	Pay Commission # (At the time of Joining)	
59.	Pay Scale/ Pay Band + Grade Pay #	
60.	Basic Pay #	
61.	Deduction Type (GPF/ CPS)	
62.	Member of GIS or Not	



Form 4: Employee Education Training Information

Education Details (Matric and Above) [Fill: Subject/ Stream, #Board/ University, #Passing Year, Mark in % and Grade or Division]		
63.	Matric <sup>#</sup>	
64.	Intermediate/ 10+2 <sup>#</sup>	
65.	Graduation <sup>#</sup>	
66.	Post Graduation (Enclose a separate sheet if you have more qualification)	
67.	Others	

Form 5: Training Information

Training Details (Please mention in India or Abroad) [Enclose a separate sheet if you attended more than one training]		
68.	Training Type (Basic/ Intermediate/ Advance) <sup>#</sup>	
69.	Training Name	
70.	Name of Institute	
71.	Period (In MM/YYYY)	From:                    /                    To:                    /
72.	Total No. of Days in Training	

Form 6: Employee Nominee Details

Employee Nomination Details for GPF/ CPS				
73.	Nominee Name <sup>#</sup>	Relation <sup>#</sup>	Percentage	Address <sup>#</sup>
Legal Guardian Details, if nominee is minor				
Guardian Name		Relation	Address	

74. <u>Employee Increment Details</u>											
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					

5. <u>Employee Promotion Details</u>						
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						
2						
3						
4						
5						

76. <u>Employee Transfer Details</u> (If you have transferred more than 18 times, then please enclose further details in a separate sheet.)							
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							

77. <u>Time Bound Promotion/ ACP/ MACP Details</u> (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 Family Information

78. Employee Family Member Details				
	Member Name #	Relation #	Date of Birth	Dependent or Not

Form 9: Loan Detail

79. Loan Details (Please mention event type explicitly in ‘Remarks’ column)						
Sl.No.	# Loan Type	# Loan A/C No	# Letter Number	# Sanction Date	# Sanction Amount	# Return Date
1.						
2.						
3.						
4.						
5.						

Form 10: Award Detail

80. Award Details (Please mention event type explicitly in ‘Remarks’ column)			
Sl.No.	# Date Of Entry	# Nature Medal , Certificate & Civil Service Award	Description
1.			
2.			
3.			
4.			
5.			

Form 11: Leave Detail

81. Leave Details (Please mention event type explicitly in ‘Remarks’ column)					
Sl.No.	# Type Of Action Credit, Debit	# Leave Type Casual ,Earned &Medical	# From Date	# To Date	# Reason
1.					
2.					
3.					
4.					
5.					



*Form 12: Employee Department proceeding*

82. Employee Departmental proceeding (Please mention event type explicitly in 'Remarks' column)					
Sl.No.	Whether there is/are charge(s) Against the employee? Yes/NO / if yes write Description	# File Number	Penalty Imposed	Order No	Date
1.					
2.					
3.					
4.					
5.					

*Signature*