

EMPLOYEE DETAILS FOR 'MANAV SAMPADA' HUMAN RESOURCE MANAGEMENT SYSTEM

[Fields marked as # are mandatory.]

EMPLOYEE REGISTRATION DETAILS

Employee Number/ID (System Generated)	A running numeric number across the state/departments	Photo
Aadhaar Number		
Name #		
Date Of Birth #		
Designation #		
Parent Dept. #		
Mob No. #		
Mode of Recruitment		
Employee Type		

FORM 1: EMPLOYEE PERSONAL DETAILS

Father / Mother / Husband's Name #	
Gender	
Marital Status	
Identification Mark	
Category #	
Religion	
Home State #	
Home District	
LTC Home Town	
Nearest Railway Station	
Cadre (State/ District)	

FORM 2: ADDRESS INFORMATION

Present Address #	
District	
State #	
PIN Code	
Email	

Permanent Address #	
District	
State #	
PIN Code	

FORM 3: EMPLOYEE INITIAL JOINING INFORMATION

State #	
Department #	
Office Name #	
Designation #	
Date of Joining	
Whether Confirmed (Yes/ No)	
If Yes, Date of Confirmation	
Confirmation Order Number	
Confirmation Order Date	
Appointing Authority	
Mode of Recruitment #	
Name of Service at the time of joining	
Class (I/II/III/IV)	

Employee Type # (Permanent/ Temporary/ Ad hoc)	
Gazetted/ Non-gazetted	
Seniority in Gradation List / Year	<i>No. :</i> <i>Year:</i>
Pay Commission # (At the time of Joining)	
Pay Scale/ Pay Band + Grade Pay #	
Basic Pay #	
Deduction Type (GPF/ CPS)	
Member of GIS or Not	

FORM 4: EMPLOYEE EDUCATION AND TRAINING INFORMATION

Sr	Qualification (Select Qualification from List)*	Select Stream (Select Arts / Medical / Non-Medical from List)	Board / University Name	Passing Year	Marks Obtained	Grade
1.						
2.						
3.						
4.						
5.						
6.						

Sr.	Training Type (Basic/ Intermediate/ Advance) #	Training Name	Name of Institute	From Date	To Date	No. Days Attended	Sponsored By/
1.							
2.							
3.							
4.							
5.							

FORM 5: EMPLOYEE FAMILY INFORMATION

Sr.	Member Name #	Relation #	Date of Birth (For Children only)	Dependent (Y/N)
1.				
2.				
3.				
4.				
5.				
6.				

FORM 6: EMPLOYEE NOMINEE DETAILS

Sr.	Nominee Name #	Relation #	Percentage	Address #
1.				
2.				
3.				
4.				
5.				
Legal Guardian Details, if nominee is minor				
Guardian Name		Relation	Address	

FORM 7: EMPLOYEE SERVICE HISTORY

Employee Increment Details

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					

Employee Promotion Details

# Designation From	# Designation To	# Scale From	# Scale To	Vide Oder No./ Date	# Transferred or Not (If yes, Please fill the details in 'Transfer Details Table' below)

Employee Transfer Details

Sl. No.	#Designation From	# Office From	# Designation To	# Office To	Joining Date (New)	Vide Oder No./ Date	# Whether Transferred after Promotion?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							

Employee 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.						
4.						

FORM 8: EMPLOYEE POSTING AND ESTABLISHMENT DETAIL

Posting Department [#]	
District [#]	
Posting Office [#]	
Posting Designation [#]	
Joining Date in Current Office [#]	

Employee Service Book Information

Establishment Department [#]	
Establishment District [#]	
Establishment Office [#]	