

HRMS

(Human Resource Management System)

Employee's
Passport size
photo

I. BASIC INFORMATION		
1	IPAS Employee ID/PF Number	
2	Employee Name as in SR	
3	Employee Name as in Aadhaar Card	
4	Aadhaar Number	
5	AadhaarCard copy may be enclosed (Enclosed as Annexure-1)	
6	Employee First Name	
7	Employee Middle Name	
8	Employee last Name	
9	Employee Name in Hindi	
10	Employee Name in Regional language	
11	Country of Birth	
12	Birth Place	
13	Date of Birth (DD/MM/YYYY)	
14	Date of Birth Proof (Enclosed as Annexure-2)	
15	Gender	Male/Female
16	Father's Name	
17	Mother's Name	
18	Spouse Name (Wife/Husband)	
19	PAN Number	
20	PAN Card copy (Enclosed as Annexure-3)	
21	Blood Group	
22	Retirement Date (DD/MM/YYYY)	

II. FAMILY DETAILS

Sl. No	Member's Name	Member's Name in Regional language	Member's Name in Hindi	Aadhaar No	Relation	Member Date of Birth (DD/MM/YYYY)	Members Age	Whether Handicapped? (OH/VH/HH/ Others)	Whether Dependent?
23	24	25	26	27	28	29	30	31	32
I									
II									
III									
IV									
V									
VI									
VII									
VIII									

1. Member photos to be attached with name on overleaf.

2. Following documents to be furnished for each member of family:

- 1) Aadhaar Proof, 2) DOB Proof, 3) Relation Proof/Copy of Ration Card, 4) Dependent Document/Copy of FCC
- 5) Bonafide Document of students, 6) Handicap Certificate from Govt. Physician (having information i.e. Certificate No, Handicap category, Certificate effect from (DD/MM/YYYY) and Certificate effect to (DD/MM/YYYY))

III. PERSONAL DETAILS		
33	Religion	
34	Community (UR/OBC/SC/ST)	
35	Caste	
36	Caste/Community Certificate (Enclosed as Annexure-3)	
37	Identification Mark 1	
38	Identification Mark 2	
39	Marital Status (Married/Unmarried/Widowed/Divorced)	
40	Date of Marriage	
41	Mother Tongue	
42	Height in Cms	
43	Weight in Kgs	
44	Nationality	
45	Character Certificate (Enclosed as Annexure-4)	A certificate from Supervisor or from any other authority to be included.
IV. COMMUNICATION INFORMATION		
46	Personal Mobile Number	
47	Alternate Personal Mobile Number	
48	Official Mobile Number (CUG)	
49	Personal Email	
50	Official Email (only GOV.IN)	
V. COMMUNICATION ADDRESS		
51	Present Address	
	S/o or C/o, Mohalla / Colony name	
	Address Line 1	
	Address Line 2	
	Village name / City name	
	Pincode	

	District	
	City	
	State	
52	Is Present Address same as Permanent Address?	Yes/No
53	Permanent Address	
	Address Line 1	
	Address Line 2	
	Pincode	
	District	
	City	
	State	
VI.EMPLOYEE CURRENT STATUS		
54	Bill Unit	
55	Appointment Date	
56	Mode of Appointment	
57	Current Zone	Southern Railway
58	Current Unit / Division	
59	Current Station / Place	
60	Current Working Office	
61	Seniority Unit (Division/HQrs/Rly Board)	
62	PH Quota (Yes / No)	
63	Service Status(Regular/Temporary/Substitute/Trainee)	
64	Railway Group (Group A, B or C)	
65	Officer Type (A, B) (Applicable to Gazetted Officers only)	
66	Cadre (For officers only)	
67	NPS Scheme (Yes/No)	

68	PRAN	
69	Substantive Pay	
70	Pay Matrix Level	
71	Department	
72	Designation	
73	Basic Pay	
74	Officiating in any post (Yes/No)	
75	MACP (given year-wise)	I st : II nd : III rd :
76	Operating in Ex-Cadre	Yes/No
77	Pay Level in Officiating pay	
78	Employee officiating Department	
79	Service category (Safety/Non safety)	
VII.MEDICAL CLASSIFICATION		
80	Medical Classification (Tick the right option)	A1, A2, A3 B1, B2, B3 C1, C2, C3
81	Handicap Flag (Yes/No)	
82	Handicap Percentage (%)	
83	Handicap code (Tick the appropriate option)	1. Orthopedically Handicapped 2. Visually Handicapped 3. Hearing Impairment 4. Others
84	Whether having Double TPA with IT exemption (Yes/No)	
85	Document details to be furnished : 1. Medical fit Certificate 2. Handicap Certificate	

VIII. QUALIFICATION

Sl No	Qualification level	Course	Duration	Specialization	Board/ University	School/ Institute's Name	Passing year (year in which course has been completed)	Grade	Percentage (%)	At joining whether Qualification Certificate submitted or not (Yes/No)	Marks Document to be attached (in PDF format) Yes/No
86	87	88	89	90	91	92	93	94	95	96	97
I											
II											
III											
IV											
V											
VI											
VII											
VIII											

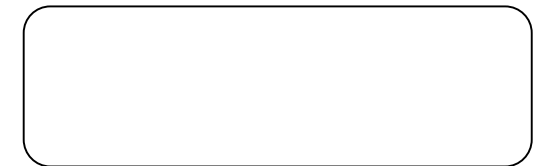
I hereby declare that all the details furnished above are true and correct to the best of my knowledge and belief. I undertake that if it is found to be false at later date, I am liable to be taken up under relevant Service Rules by the Administration.

Place:

Date :

Forwarded to : Sr.DPO/PGT (HRMS-Admin)

Date:



Signature of the employee

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(Signature of Supervisory Official with Office seal)