अधीक्षक का कार्यालय
श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल,
मुजफ्फरपुर।

आदेश

सरकार के आदेशानुसार सभी चिकित्सा पदाधिकारी/सभी परिचारिका श्रेणी 'ए'/सभी तृतीय संवर्ग कर्मचारी एवं सभी चर्तुथवर्गीय कर्मचारियों का सेवापुस्त ऑन लाईन करने का निदेश प्राप्त हुआ है।

HRMS NEW FORMATE विहित प्रपत्र में भरकर तीन दिनों के अन्दर अधोहस्ताक्षरी कार्यालय में संबंधित लिपिक को उपलब्ध कराना सुनिश्चित करें। ताकि सेवापुस्त ऑन लाईन किया जा सके।

ह0/–
अधीक्षक
श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल,
मुजफ्फरपुर।

ज्ञापांकः– 4480/ मुजफ्फरपुर, दिनांक– 15/12/2020

प्रतिलिपिः– सभी विभागाध्यक्ष, श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

प्रतिलिपिः– मातृका/प्राचार्या, जी0एन0एम0 स्कूल, श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

प्रतिलिपिः– प्रधान लिपिक/लेखापाल, श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

प्रतिलिपिः– पाली प्रभारी, श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल मुजफ्फरपुर को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

अधीक्षक
श्री कृष्ण चिकित्सा महाविद्यालय अस्पताल,
मुजफ्फरपुर।

Sri Krishan Medical College,Muz.
Letter No:- 4884/20
Date:- 16/12/2020
Receiver Sign

HRMS NEW FORMATE

1. Personal Details

GPF/PRAN No. :-		
Prefix (Mr./Mrs./Ms./Dr./Miss)		FOTO
First Name		
Middle Name		
Last Name		
Gender		
Date of Birth		
Date of Birth in Words		
Height (CM/Feet/Inch) *		
Identification Mark *		
Father's Name		
Mother's Name		
Marital Status * (Married/Unmarried)		
Spouse Name (Husband/Wife)		
Disabled (yes/no) *		
Types of Disability *		
Percentage of Disability		
Blood Group		
Personal Email		
Personal Mobile Number		
Official Email		
Official Mobile Number		
Nationality		
Social Category *		
Religion		
PAN No		
Aadhar No.		

2. Current Employee Official Details

Employee Type	
Service Type	
Cadre	
Govt. Quarter Occupied(Yes/No) *	
Parent Department *	
Current Department	
Current Designation	
Current Office	
Pay Revision	
Pay Scale /Pay Band/ Pay Level	
Grade Pay	
Grade Pay	

3. Address Details

(a) Permanent Address	
Address Line 1.	
Address Line 2.	
State	
District	
Postal code/ PIN Code	
(b) Current Residential Address	
Same As Permanent (Yes/No)	
Address Line 1.	
Address Line 2.	
State	
District	
Postal code/ PIN Code	

4. Joining Details

Appointment Order No. *	
Order issuing Office/Authority *	
Appointing Authority	
Source of Appointment	
Service Type *	
Joining / Charge Taken Date *	
Joining Time (Forenoon/Afternoon)	
Joining Department *	
Joining Office *	
Joining Cadre	
Joining Designation *	
Pay Revision *	
Pay Scale /Pay Band/ Pay Level *	
Grade Pay	
Basic Pay *	
Remarks	

5. Qualifications

Qualification Type *	Degree	Course Type	Board/University/Institute	Course Duration(in months)	Marks Obtained (%age)	GPA	Grade A+ 90% Above A (80%-90%) B+ (70%-79%) B (60%-69%) C+ (50%-59%) C (40%-49%) D Below 40%	Passing Year	Acquiring Status *		Description
									aducation of joining time	After joining	

6. Departmental Examination

Departmental Exam Relaxation Allowed - Yes/No

Name of Exam (Departmental / Hindi Literacy / Computer Proficiency etc.) *	Passing Date	Order Number. *	Order Date *	Order issuing Authority/Office *	Effective Date *	Remarks

7. Training

Training Type(Induction /Treasury etc.) *	Training Name *	Institute	Sponsored By	From Date *	To Date *	Description

8. Confirmation Details

Order Date *	Order No *	Confirmation Date *	Order Issuing Authority/office *	Remarks

9. Service Verification as per Payroll

From Date *	To Date *	Verification office *	Verification Date *	Remarks

10. Pay Fixation Details

Order No *	Order Date *	Order Issuing Authority / Office *	Pay Revision *	Pay Scale/ Pay Band/ Pay Level *	Grade Pay	Basic Pay after Fixation *	Whether RPP was granted(if any) * Yes/No	Pay Fixation Date *	Basis for Fixation *	Next Date Of Increment *	Effective From Date *	Remarks

11. Regular / Irregular Service Period

From Date *	To Date *	Reason *	whether this period is regularized Yes/No	Remarks

12. Increment Details

Increment Date *	Increment Order No.	Increment Order Date	Order Issuing office		Basic Pay *	Remarks

13. Promotion Details

Promotion Order No. *	Order Date *	Order Issuing office *	Promotion type *	Date Of Joining On Promotion *	Date Of Taking Charge On Promotion *	Relieving Date *	From Designation / Post *	To Designation / Post *	Pay Revision (At the time of promotion) *	From (Pay scale / Pay band / Pay Level) *	From Grade Pay	To (Pay scale / Pay band / Pay Level) *	To Grade Pay	Financial Benefit Date*	Is Notional Benefit date different than actual benefit Yes/No	Is the promotion to a different Cadre Yes/No	Remarks

14. Transfer Details

Transfer (Yes/No) **Deputation (Yes/No)**

Order No / Memo No. / Resolution No. *	Order Date *	Order Issuing Authority / Office *	From Department *	From Office *	To Department *	To Office *	Deputation Type *	Relieving Order No.	Relieving Order Date	Relieving Date *	Joining Order No.	Joining Order Date	Joining Date *	Remarks

15. Suspension Details

Order No. *	Order Date *	Order Issuing Office*	Order description *	Suspension with effect from Date *	Reason Of Suspension	Suspension Allowance	Remarks		

16. Suspension Revoke Details

Order No. *	Order Date *	Order Issuing Authority/Office *	Order Suspension Revoke Description *	Suspension Revoke with effect from *	Joining Order No. *	Joining Order Date	Joining Date *	Joining office	Remarks

17. Departmental Actions

Order / Notification No *	Order Date *	Order Issuing Authority / Office*	Show Cause Asked(If any)	DP Initiated (If any) Yes /No	Punishment Given(Yes/No) *	Description *	Criminal Proceeding Discription	Charge Sheet Submitted(Yes/No)	Remarks

18. Reward

Order No. *	Order Date	Order Issuing Authority/Office*	Date of Reward Given	Reward Type *	Reward-Detail *	Office where posted at the time of Reward (H.Q. Location)	Remarks

19. Leave Details

Leave Type *	From Date *	To Date *	Number of Days	Reason *	Approved By	Approval Date *	Approver Remarks

20. Earned Leave

From Date	To Date	Number of Days	Leave Earned(in Days)	Leave at Credit	Leave Taken				
					Leave Type	From Date	To Date	Number of Days	Balance on return from leave

21. Additional Charge

Order No. *	Order Date *	Order Issuing office *	Department Name *	Service / Cadre *	Designation *	From Date *	To Date *	Remarks

22. LTC Details

LTC Type *	LTC Order No*	LTC Order Date *	Issuing Office *	Leave From Date *	Leave To Date *	Travel From Date *	Travel To Date *	Travel Place		Remarks

23. Other Details

Order No*	Order Date *	Issuing Office *	Order Description

Additional Information

Please Provide Additional Information If Any :-

Declaration By Employee

Declaration By Employee

Signature of Establishedment Clerk

Superintendent
Sri Krishna Medical College Hospital
Muzaffarpur