

**HRMS**  
**(Human Resource Management System)**

Employee's  
Passport  
size photo

<b>I. BASIC INFORMATION</b>		
1	IPAS Employee ID/PF Number	
2	Employee Name as in SR	
3	Employee Name as in Aadhaar Card	
4	Aadhaar Number	
5	Aadhaar Card 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	Fathers 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)	

<b>III. PERSONAL DETAILS</b>		
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.
<b>IV. COMMUNICATION INFORMATION</b>		
46	Personal Mobile Number	
47	Alternate Personal Mobile Number	
48	Official Mobile Number (CUG)	
49	Personal Email	
50	Official Email (only GOV.IN)	
<b>V. COMMUNICATION ADDRESS</b>		
51	Present Address	
	S/o or Clo, Mohalla / Colony name	
	Address Line 1	
	Address Line 2	

	Village name / City name	
	Pincode	
	District	
	City	
	State	
<b>52</b>	<b>Is Present Address same as Permanent Address?</b>	Yes / No
<b>53</b>	<b>Permanent Address</b>	
	Address Line 1	
	Address Line 2	
	Pincode	
	District	
	City	
<b>VI. EMPLOYEE CURRENT STATUS</b>		
54	Bill Unit	
55	Appointment Date	
56	Mode of Appointment	
57	Current Zone	Southern central 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)	Ist : IInd : IIIrd :
76	Operating in Ex-Cadre	Yes/No
77	Pay Level in Officiating pay	
78	Employee officiating Department	
79	Service category (Safety/Non safety)	
<b>VII. MEDICAL CLASSIFICATION</b>		
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	

<b>VIII. QUALIFICATION</b>											
<b>Sl. No.</b>	<b>Qualification level</b>	<b>Course</b>	<b>Duration</b>	<b>Specialization</b>	<b>Board/ University</b>	<b>Institute's School/ Name</b>	<b>Passing year (year in which course has been completed)</b>	<b>Grade</b>	<b>Percentage (%)</b>	<b>At jointing whether Qualification Certificate submitted or not (Yes/No)</b>	<b>Marks Document to be attached (in PDF format Yes/no)</b>
<b>86</b>	<b>87</b>	<b>88</b>	<b>89</b>	<b>90</b>	<b>91</b>	<b>92</b>	<b>93</b>	<b>94</b>	<b>95</b>	<b>96</b>	<b>97</b>

**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 :**

**Signature of the employee**

**Date :**

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

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**Date :**

**(Signature of Supervisory Official with Office seal)**

<b>II. FAMILY DETAILS</b>									
<b>Sl. No.</b>	<b>Member's Name</b>	<b>Member's Name in Regional language</b>	<b>Member's Name in Hindi</b>	<b>Aadhar No.</b>	<b>Relation</b>	<b>Member Date of Birth (DD/MM/YYYY)</b>	<b>Member's Age</b>	<b>Whether Handicapped? (OH/VH/HH/ Others)</b>	<b>Whether Dependent?</b>
23	24	25	26	27	28	29	30	31	32

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 inform Certificate No, Handicap category, Certificate effect from (DD/MM/YYYY) and Certificate effect to (DD/MM/YYYY).