

SOUTHERN RAILWAY

No.J/P/HRMS/PB/2019

Divisional Office  
Personnel Branch  
Palakkad – 678 002  
Date:20.08.2019

All Branch Officers &  
All Supervisory Officials

Sub: HRMS (Human Resource Management System) – Implementation of  
Employee Master Data & e-SR modules – reg.

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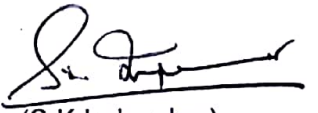
As a step towards employee interface, Indian Railways has introduced the HRMS (Human Resource Management System): This initiative targets to bring all the Railway employees on the employee portal so that all the processes of personnel management starting right from hiring to retiring will be on the digital platform.

In this, all the details pertaining to the employees which includes Employee Master data, D&AR, APAR, Man Power Planning, Grievances, Reservation, Recruitment, HOER, Industrial Relations, pay bill processing, litigation management are available including e-SR. For creating employee's Master Data, various personal details of the employee are required. A specimen datasheet is enclosed herewith, the copies of which may be distributed to the employees working under your control. They may be advised to fill up the information, attach the copies of documents called for and to submit the same with the concerned supervisory officials on or before **15.09.2019**. The specimen datasheet is also available in the PGT web portal <https://rebrand.ly/pgt> under the head 'HRMS'.

The supervisory officials may collect the same, verify with the available records and forward to this office in one bunch through the respective Welfare Inspectors on or before **20.09.2019**. The information furnished by the employee is his sole responsibility and any false information is found to have been furnished at a later date will be viewed seriously and may be taken up under D&A Rules.

A HR Cell is formed for the smooth implementation of HRMS and employees can contact the welfare inspectors for any help.

Encl : as stated above

  
(S K Indusekar)  
APO/E  
For Sr.DPO/PGT

Copy to : PS to DRM – for the kind information of DRM  
: PS to ADRM - for the kind information of ADRM

# 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                    | Aadhaar Card copy may be enclosed<br>(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<br>(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<br>(Enclosed as Annexure-3)                     |               |
| 21                   | Blood Group                                                   |               |
| 22                   | Retirement Date (DD/MM/YYYY)                                  |               |

| III. PERSONAL DETAILS         |                                                         |                                                                           |
|-------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|
| 33                            | Religion                                                |                                                                           |
| 34                            | Community (UR/OBC/SC/ST)                                |                                                                           |
| 35                            | Caste                                                   |                                                                           |
| 36                            | Caste/Community Certificate<br>(Enclosed as Annexure-3) |                                                                           |
| 37                            | Identification Mark 1                                   |                                                                           |
| 38                            | Identification Mark 2                                   |                                                                           |
| 39                            | Marital Status<br>(Married/Unmarried/Widowed/Divorced)  |                                                                           |
| 40                            | Date of Marriage                                        |                                                                           |
| 41                            | Mother Tongue                                           |                                                                           |
| 42                            | Height in Cms                                           |                                                                           |
| 43                            | Weight in Kgs                                           |                                                                           |
| 44                            | Nationality                                             |                                                                           |
| 45                            | Character Certificate<br>(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                                                         |                  |
| <b>VI. EMPLOYEE CURRENT STATUS</b> |                                                               |                  |
| 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<br>(Regular/Temporary/Substitute/Trainee)      |                  |
| 64                                 | Railway Group (Group A, B or C)                               |                  |
| 65                                 | Officer Type (A, B)<br>(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 <sup>st</sup> :<br>II <sup>nd</sup> :<br>III <sup>rd</sup> :                                 |
| 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<br>(Tick the right option)                                                   | A1, A2, A3<br>B1, B2, B3<br>C1, C2, C3                                                         |
| 81                                 | Handicap Flag (Yes / No)                                                                            |                                                                                                |
| 82                                 | Handicap Percentage (%)                                                                             |                                                                                                |
| 83                                 | Handicap code<br>(Tick the appropriate option)                                                      | 1. Orthopedically Handicapped<br>2. Visually Handicapped<br>3. Hearing Impairment<br>4. Others |
| 84                                 | Whether having Double TPA with IT exemption (Yes/No)                                                |                                                                                                |
| 85                                 | Document details to be furnished :<br><br>1. Medical fit Certificate<br><br>2. Handicap Certificate |                                                                                                |

## 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)

# VIII. QUALIFICATION

| SI 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 Supervisory Official with Office seal)

Signature of the employee