### SOUTH CENTRAL RAILWAY



Office of the Divisional **Railway manager Personnel Branch** Vijayawada

SA/P. 465/XII/HRMS/2019

Date:06-09-2019

#### All Branch Officers & All Supervisory officials

Sub: HRMS (Human Resource Management System) – Implementation of Employee Master Data & e-SR modules – reg. Ref: Railway Boards letter No. ERP/2018/HRMS/CRIS/MoU Pt. I dated 12-07-2019.

Indian Railways has introduced the HRMS (Human Resource Management System) as a new initiative. This initiative targets to bring all the Railway Employees on the employee portal so that all the processes of the personnel management starting right from appointment to retirement will be on the digital platform.

In connection with above, all the details pertaining to the employee which includes Employee Master data, E-SR, Cadre Management, Salary Processing, Quarters, Electricity, Loan & Advances, Leave Management, Settlement, Employee Self Services, Pass & PTO, Staff Grievance, Man Power Planning, D&AR, Welfare, Recruitment, HOER, Court Cases, APAR, Reservation Matters, Industrial Relationship and Training and Skill Development are available in the single platform of HRMS.

For creating Employee's Master Data, various personal details of employee as well as family member details are required. HRMS application (6 pages) is enclosed herewith, the copies may be distributed to the employees working under your control. They may be advised to fill up the application (all the columns) and attached the required documents (mentioned in the bottom of 3<sup>rd</sup> page) and to submit the same through the concerned supervisory official on or before16-09-2019.besides up loading to the e. mail address furnished here under.

1)hrms.dporlwys@gmail.com,

3) hrms.apomechanical@gmail.com,

2) hrms.apotraffic@gmail.com, 4) hrms.apoelectrical@gmail.com,

5) hrms.apoengineering@gmail.com,

The Supervisory officials may collect the same, verify with the available records and forward to this office in one bunch through the respective personnel officer(DPO/APO) on or before 19-09-2019 The information/data furnished by the employee is his prime responsibility and if any shortcomings/deficiencies noticed at a later date will be viewed very seriously and action is initiated under the provisions of D&AR.

An IT cell is formed for the smooth implementation of HRMS and employees can contact the section welfare inspector/Concerned Cadre dealer for any assistance.

Encl:6 pages of HRMS Application

P. Nehemiah Sr. Divisional Personnel Officer South Central Railway, Vijayawada

C/- PS to DRM for kind information to DRM

PS to ADRM/Infra, ADRM/OP for kind information to ADRMs

# <u>HRMS</u>

## (Human Resource Management System)

Employee's Latest Passport size photo (not more than 3 months old)

I. B	ASIC INFORMATION											
1	IPAS Employee ID/PF Number											
2	Employee Name as in SR											
3	Employee Name as in Aadhaar Card											
4	Aadhaar Number (enclose copy)											
5	Employee First Name											
6	Employee Middle Name											
7	Employee last Name											
8	Country of Birth											
9	Birth Place											
10	Date of Birth (DD/MM/YYYY) Proof should be attached	d	d	/	n	n	m	/	у	у	у	у
11	Gender	Male / Female										
12	Father's Name											
13	Mother's Name											
14	Spouse Name (Wife/Husband)											
15	PAN Number (Copy should be attached)											
16	Blood Group											
17	Retirement Date (DD/MM/YYYY)	d	d	/	n	n	m	/	у	у	у	у

### II. Family Dependent Details (As per Pass / Medical Rules): - (if more than 4 members add additional sheet)

		<u>.</u>													
01. First Family Member	<u>r: -</u>														
18. Member Name															
19. Relationship															
20. Date of Birth d d m m y y y y							у	Member Latest Passport size							
21. Age (as on 01.09.2019	))									pho	•	ot mo onths		nan 3	}
22. Is Handicap? (OH/VH/	HH/O	thers)									m	11115	olu)		
23. Whether Dependent	?														
24. Aadhaar No.															
02. Second Family Mem	iber.	<u>: -</u>													
18. Member Name															
19. Relationship															
20. Date of Birth							У	M	embe	er La	test F	Pass	port s	size	
21. Age (as on 01.09.2019)								Member Latest Passport size photo (not more than 3 months old)							
22. Is Handicap? (OH/VH/HH/Others)															
23. Whether Dependent	?														
24. Aadhaar No.															
03. Third Family Membe	er: -														
18. Member Name															
19. Relationship															
20. Date of Birth		d	d	mr	n y	/ у	y	у	Member Latest Passport size					size	
21. Age (as on 01.09.2019	))								photo (not more than 3 months old)						}
22. Is Handicap? (OH/VH/	HH/O	thers)													
23. Whether Dependent															
24. Aadhaar No.															
04. Fourth Family Memb	ber:	-													
18. Member Name															
19. Relationship															
20. Date of Birth		d	d	m	n	/ V	V	V	M	embe	er La	test F	Dass	port s	size
21. Age (as on 01.09.2019	))										to (n	ot mo	ore th		
22. Is Handicap? (OH/VH/	•	thers)									mo	onths	old)		
23. Whether Dependent		,							1						
24. Aadhaar No.			I						- <b>I</b>						
Following Documents to be fur								<u>.                                    </u>		<u>.</u>	1	1	<u>i</u>	<u>.</u>	<u>i</u>
1 Following conv of documents to	n ha fi	irnich	ad fo	r oach	mon	hor r	of fan	nilv							

Following copy of documents to be furnished for each member of family.
(1) Aadhaar Card (2) DOB Proof (3) Relationship Proof (4) Dependent document / FCC Copy,
(5) Bonafide Document of Students (6) Handicap Certificate from Govt. Doctor

III.	PERSONAL DETAILS				
25	Religion				
26	Community (UR/OBC/SC/ST) (Community Certificate should be attached)				
27	Identification Mark 1				
28	Identification Mark 2				
29	Marital Status (Married/Unmarried/Widowed/Divorced)				
30	Date of Marriage				
31	Mother Tongue				
32	Height in Cms.				
33	Weight in Kgs				
34	Nationality				
35	Character Certificate	A certific any othe		•	
IV.	COMMUNICATION INFORMATION				
36	Personal Mobile Number				
37	Alternate Personal Mobile Number				
38	Official Mobile Number (CUG)				
39	Personal Email				
40	Official Email (only GOV.IN)				
V. (	COMMUNICATION ADDRESS				
41	Present Address				
	S/o, D/o or C/o Name				
	Address Line 1				
	Address Line 2				
	Village name / City name				
	Pincode				

	District	
	City	
	State	
42	Is Present Address same as Permanent Address?	Yes / No
43	Permanent Address	
	Address Line 1	
	Address Line 2	
	Pincode	
	District	
	City	
	State	
VI.	EMPLOYEE CURRENT STATUS	
44	Bill Unit	0 6 0 6
45	Appointment Date	d d / m m / y y y y
46	Mode of Appointment (RRB, RRC, CGA, Substitute, Sports, Cultural, etc.,)	
47	Current Zone	Southern Railway
48	Current Unit / Division	
49	Current Station / Place	
50	Current Working Office	
51	Seniority Unit (Division/HQrs/Rly Board)	
52	PH Quota (Yes / No)	
53	Service Status (Regular/Temporary/Substitute/Trainee)	
54	Railway Group (Group A, B or C)	
55	Officer Type (A, B) (Applicable to Gazetted Officers only)	
56	Cadre (For officers only)	
57	NPS Scheme (Yes / No)	

58	PRAN												
59	Substantive Pay	₹											
60	Pay Matrix Level	Level -											
61	Department												
62	Designation												
63	Basic Pay	₹											
64	Officiating in any post (Yes / No ) If yes, give the details												
65	MACP (given year-wise)	st :   nd :    rd :											
66	Operating in Ex-Cadre (Yes/No) If yes, give the details												
67	Pay Level in Officiating pay												
68	Employee officiating Department												
69	Service category (Put 🗸 Mark)	Safety Non-Safety											
VII.	MEDICAL CLASSIFICATION												
70	Medical Classification (Put ✓ Mark as applicable)	A	1 B1 C1			A	2		B2 C2	A	3		
71	Handicap Flag	Ye	s /	No				A					
72	Handicap Percentage (%)												
73	Handicap code	1. Orthopedically Handicapped											
	(Tick the appropriate option)	2. Visually Handicapped											
		3. Hearing Impairment											
		4. Others											
74	Whether having Double TPA with IT exemption (Yes/No)												
75	Document details to be furnished 1. Medical fit Certificate 2. Handicap Certificate												

SI. No.	Qualification level	Dura- tion	Specialization	Board/ University	Name of School/ Institute	Passing Year (course completion year)	Grade/ % age	At Joining? Yes/No
76	77	78	79	80	81	82	83	84
1.								
2.								
3.								
4.								
5.								
6.								

### VI. EDUCATIONAL QUALIFICATION (Copy of each certificate should be attached)

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 :

Signature of the Employee

Forwarded to DPO/SA	(HRMS-Admin.)
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Date :

(Signature of Supervisory Official with Seal)