



# HRMS information input form

Read the instructions on Page 9 before filing the form

## (Part - A)

### PERSONAL DETAIL

First Name\*  Middle Name  Last Name\*

Gender\*  Male  Female Date of Birth\* (DD/MM/YYYY)    Place of Birth\*

Marital Status\*  Unmarried  Married  Divorcee  Widow/Widower Home District\*

Highest Educational Qualification\*  5th  8th  Matriculate  10+2  Graduate  Post Graduate  Ph.D

Educational Stream\*  Science  Arts  Commerce  Any Other  (Engineering, Medical, Management, Law, etc.)

Languages Known\*  English  Hindi  Punjabi Others

Reservation Category\* (Gen/SC/BC-A/BC-B/ ESM /ST/Sports)  Sub Category (Ex: Khatri, Sidhu, Saini etc.)

Religion\*  Caste\*

  
Signature of Employee

Left Thumb Impression for male  
Right Thumb Impression for female

Passport size color photo in uniform with cap / turban

Identification Mark\*  Color of Eyes\*

Height\*  (Ft)  (In) Weight\*  (Kgs) Chest\*  (In) Abdomen\*  (In) Blood Group  Rh Factor  +

### JOB DETAIL

Designation\*  Joining Date\* (DD/MM/YYYY)

Rank\*  Unit Belt No.\*

Parent Unit\*  Posting Unit/Station (Current)\*

Cadre\*  District Police  Telecom  GRP  IRP  SCRIB  FSL  SCB Any other

Class\*  (I)  (II)  (III)  (IV) Nature  Permanent  Adhoc  On contract  Contingent paid

Pay Scale  Basic Pay (Current)  w.e.f. (DD/MM/YYYY)

Pay Band  Grade Pay (Current)  w.e.f. (DD/MM/YYYY)

### PROFESSIONAL SPECIALIZATION (TICK THE RELEVANT)

Preventive  Detective  Training  Intelligence  VIP Security  Bomb disposal  Dog Handler  Buglars

MAP Rider  Driver  Commando  Gunman  First Aid  Reader  MHC  CRC  OHC  THC

CHC  Cashier Add if not listed   None

**CONTACT INFORMATION**

Mobile +91  Phone No.   E-mail   
(Parmanent) (Code) (Phone)

**CORRESPONDENCE ADDRESS**

Street/Village/Town\*   
 District\*  State\*

**PERMANENT ADDRESS**

Street/Village/Town\*   
 District\*  State\*

**PARENTS**

Father's Name\*  Middle  Last\*   
 Mother's Name\*  Middle  Last\*   
 Address\*

**SPOUSE (If Married)** N/A

First Name  Middle Name  Last Name   
 Is spouse in service?  (Yes)  (No)   
(If yes, fill the designation and name of the work place)

**NOMINEE**

First Name\*  Middle Name  Last Name\*   
 Relation\*  Date of Nomination (DD/MM/YYYY)     
 Address\*   
 Mobile +91  Phone No.   E-mail   
(Code) (Phone)

**ADDITIONAL INFORMATION**

ID Card No.\*  Salary Bank Account No.   
 Passport No.  (Valid Till) (DD/MM/YYYY)     
 Driving License No.  (Heavy)  (Light)  PAN No.   
 GPF No.  GIS

**EXTRA - CURRICULAR ACTIVITIES** N/A

Sports (specify)   Yoga  Dance  Drama  Singing  Music  Mountaineering  
 Trekking  Riding  Poetry Add if not listed

**HEALTH**

Last Medical Checkup Held (DD/MM/YYYY)    Status\*  (Fit)  (Unfit) Under Treatment\*  (Yes)  (No)  
 Name of Hospital   
 Chronic Disease  (Yes)  (No)   
(If yes, please specify, type of disease, treatment, duration of treatment, duration for leave applied)  
 Major Operation  (Yes)  (No)   
(If yes, please specify, type of operation, treatment, duration of treatment, duration for leave applied)

## IMPORTANT DATES IN CAREER PROGRESSION (DD / MM / YYYY )

Initial Recruitment as\*  Date of Enrolment\*

Date of Attaining 55 years of age    Date of Superannuation

Date of Discharge (in case of ESMs)

### DATE OF PASSING PROMOTIONAL COURSES (GENERAL DUTY) N/A

(a) Lower    (b) Intermediate    (c) Upper

### DATE OF PASSING PROMOTIONAL COURSES (TELECOM PERSONNEL) N/A

(a) SOG – III    (b) SOG – II    (c) SOG – I

### DATES OF PROMOTION AS N/A

(a) EHC    (b) EASI    (c) ESI

### ORP PROMOTION, IF ANY N/A

ORP promotion as  Date

ORP promotion as  Date

### MODE OF QUALIFICATION FOR LOWER SCHOOL N/A

(a) 55% B1 test  (b) 35% basis of seniority cum fitness  (c) 10% bravery, sports, consistent good record

### DATES OF GRANTING ACP SCALES N/A

(1) After 10 yrs    (2) After 20 yrs    (3) After 30 yrs

### DATES OF BRINGING NAME ON PROMOTION LISTS N/A

(a) 'C' List    (b) 'D' List    (c) 'E' List

(d) 'F' List    (e) 'G' List

### DATES OF PROMOTION

As	(Officiating)			(Confirmation)			for OR, NGO, Insp.
(a) HC:	<input type="text" value="30"/>	<input type="text" value="12"/>	<input type="text" value="1996"/>	<input type="text" value="01"/>	<input type="text" value="03"/>	<input type="text" value="1998"/>	
(b) ASI:	<input type="text" value="22"/>	<input type="text" value="05"/>	<input type="text" value="2001"/>	<input type="text" value="10"/>	<input type="text" value="01"/>	<input type="text" value="2003"/>	
(c) SI:	<input type="text" value="21"/>	<input type="text" value="04"/>	<input type="text" value="2007"/>	<input type="text" value="16"/>	<input type="text" value="01"/>	<input type="text" value="2008"/>	
(d) Inspr:	<input type="text" value="15"/>	<input type="text" value="02"/>	<input type="text" value="2008"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(e) Dy SP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	for GO
(f) Addl SP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(g) SP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(h) SP (Selection Grade):	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(i) DIG:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(j) IG:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(k) Addl DG:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(l) DG:	<input type="text"/>	<input type="text"/>	<input type="text"/>	







**TABLE: 6 LONG LEAVE HISTORY** (Date wise from the beginning to current - attach separate annexure, if required)  N/A

Sr. No.	OB. No.*	Date*	Dates*		Type of Leave* (Tick the relevant)
			From	To	
1.	13/SP/SPT	21-12-05	23-12-05	23-01-06	<input checked="" type="checkbox"/> Earned <input type="checkbox"/> Medical <input type="checkbox"/> Study With Half Pay <input type="checkbox"/> Without Pay
					<input type="checkbox"/> Earned <input type="checkbox"/> Medical <input type="checkbox"/> Study With Half Pay <input type="checkbox"/> Without Pay
					<input type="checkbox"/> Earned <input type="checkbox"/> Medical <input type="checkbox"/> Study With Half Pay <input type="checkbox"/> Without Pay
					<input type="checkbox"/> Earned <input type="checkbox"/> Medical <input type="checkbox"/> Study With Half Pay <input type="checkbox"/> Without Pay

**TABLE: 7 ABSENCE FROM DUTY OTHER THAN ON EARNED LEAVE OR ON TRAINING**  N/A

(Date wise from the beginning to current - attach separate annexure, if required)

Sr. No.	OB. No.*	Date*	Dates*		Absence period decided as* (Tick the relevant)
			From	To	
1.	3/SP/SPT	03-01-1996	04-08-95	12-08-95	<input type="checkbox"/> Leave without Pay <input checked="" type="checkbox"/> Leave of the kind due <input type="checkbox"/> Period spent on duty <input type="checkbox"/> Decision pending
					<input type="checkbox"/> Leave without Pay <input type="checkbox"/> Leave of the kind due <input type="checkbox"/> Period spent on duty <input type="checkbox"/> Decision pending
					<input type="checkbox"/> Leave without Pay <input type="checkbox"/> Leave of the kind due <input type="checkbox"/> Period spent on duty <input type="checkbox"/> Decision pending
					<input type="checkbox"/> Leave without Pay <input type="checkbox"/> Leave of the kind due <input type="checkbox"/> Period spent on duty <input type="checkbox"/> Decision pending

**TABLE: 8 CRIMINAL CASES AGAINST EMPLOYEE**  N/A

Sr. No.	Case Reference*	Case Status*	Whether arrested*	Brief facts of the Case / Court Order / As on (date)*
	(FIR No./Date/U/Sec./P.S./Distt.)	(Under)	<input type="checkbox"/> (Yes) <input checked="" type="checkbox"/> (No)	
1.	FIR No. 23 dates 15-04-07 365 IPC, P.S. Navglor, Delhi	<input checked="" type="checkbox"/> Investigations <input type="checkbox"/> Trial	<input type="checkbox"/> In Jail <input type="checkbox"/> On Bail	Forciplly picked up a 35 yr old goldsmith from Navglor, Delhi
		<input type="checkbox"/> Investigations <input type="checkbox"/> Trial	<input type="checkbox"/> In Jail <input type="checkbox"/> On Bail	
		<input type="checkbox"/> Investigations <input type="checkbox"/> Trial	<input type="checkbox"/> In Jail <input type="checkbox"/> On Bail	

**TABLE: 9 LITIGATION BY EMPLOYEE AGAINST DEPARTMENT**  N/A

Sr. No.	Case Type* (CWP, Civil Suit, LPA, SLP)	Case Ref. No. in the Court of*	Brief facts of the Case and Prayer*	Remark / Court Order* (On Regular Hearing, Dismissed As, Court Ordered As, Admitted, Date)
1.	CWP No. 1108/05	Pb. & Hr. High Court Chandigarh	For giving seniority over junior person promoted before him	On regular hearing Next date is ....

**a) SUSPENSIONS**

Sr. No.	OB. No. & Date		Brief Description (Alleged misconduct Whether D/E ordered suspension period decided as)
	Suspension	Re-instatement	
1.	10/SP/RTK 15-12-1995	17/SP/RTK 21-01-1996	For not keeping property custody of arrested occurred, Who tried to comming suicide in Police Lock up

**b) DEPARTMENTAL ENQUIRES**

Sr. No.	OB. No. & Date		Brief Description (Enquiry officer; charges of misconduct; Whether found guilty or exonerated by E.O. and Punishing Authority)
	Starting	Deciding	
1.	10/SP/RTK 15-12-1995	26/SP/RTK 10-04-1996	DSP/HQ RTK; (Same as mentioned above for Suspension); E.O. xonerated him in The D.E.

**c) PUNISHMENTS**

Sr. No.	OB. No.	Date	Punishment (Category)	Brief Description (Punishing authority, Charges of misconduct, Punishment awarded)
1.	10/SP/RTK	18-03-97	<input checked="" type="checkbox"/> (Minor) <input type="checkbox"/> (Major)	SP/RTK: Censure for not keeping Daily Dairy of P.S. on time.
			<input type="checkbox"/> (Minor) <input type="checkbox"/> (Major)	
			<input type="checkbox"/> (Minor) <input type="checkbox"/> (Major)	
			<input type="checkbox"/> (Minor) <input type="checkbox"/> (Major)	
			<input type="checkbox"/> (Minor) <input type="checkbox"/> (Major)	

**d) APPEALS/REVISIONS**

Sr. No.	Punishment Details (Punishing Authority; Punishment awarded; OB.No. & Date)	Appeal Details (Date of filing Appeal; Appellate Authority; Gist of Appellate Order; OB.No. & Date)	Revision Details (Date of filing Revision; Revision Authority Gist of Revision Order: OB.No. & Date)

# GENERAL INSTRUCTIONS FOR FILLING THE HRMS FORMS

The **INPUT FORM** is meant for compiling the requisite diverse information in advance for entering it into the **ON-LINE FORM** for registration.

## Read instructions carefully before filling the forms.

1. Fill the form fields in CAPITALS preferably in black/blue ball point pen.
2. The fields in **bold\*** are mandatory. This means it is compulsory for you to enter this information otherwise your “online form” would not be accepted e.g. – **[First Name\*]** field is mandatory while the [Middle Name] field is optional.
3. Leave the “NotApplicable” fields blank in “Part –A” of the form and tick the box  **N/A** in “Part – B”.

For Example:

- If someone doesn't have middle name, the [Middle Name] box is to be kept blank.
- If there is no “Disciplinary Proceeding” against you, tick on the box  **N/A** front of the Table Title.

4. You can view the “Sample form” for guidance.
5. After getting on-line from any where, you can log on to **<http://hrpol-hrms.org>** to submit the information to the system. The registration page has several tabs meant for variety of information links.