



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 SCRB 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)

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	
					<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
					<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	
					<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
					<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 type="checkbox"/> (No)	
		<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	
		<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)

a) SUSPENSIONS

Sr. No.	OB. No. & Date		Brief Description (Alleged misconduct Whether D/E ordered suspension period decided as)
	Suspension	Re-instatement	

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	

c) PUNISHMENTS

Sr. No.	OB. No.	Date	Punishment (Category)	Brief Description (Punishing authority, Charges of misconduct, Punishment awarded)
			<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)	
			<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.