

HRMS Related Problems Rectification Form

Bill Unit Number:

Department:

Date: / /2020

HRMS ID:

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Employee ID/Number:

Designation:

Employee Name:

Date of Birth:

Employee Father Name:

Mobile Number:

Tick (✓) Only Incorrect Details:

- | | | | | | | | |
|---------------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|-------------|--------------------------|
| NAME | <input type="checkbox"/> | DATE OF BIRTH | <input type="checkbox"/> | FATHER NAME | <input type="checkbox"/> | SPOUSE NAME | <input type="checkbox"/> |
| GENDER | <input type="checkbox"/> | BLOOD GROUP | <input type="checkbox"/> | BIRTH PLACE | <input type="checkbox"/> | RELIGION | <input type="checkbox"/> |
| COMMUNITY | <input type="checkbox"/> | PAN NUMBER | <input type="checkbox"/> | AADHAAR NUMBER | <input type="checkbox"/> | NATIONALITY | <input type="checkbox"/> |
| MARITAL STATUS | <input type="checkbox"/> | HIGHT | <input type="checkbox"/> | IDENTIFICATION MARK | <input type="checkbox"/> | | |
| MOBILE NUMBER | <input type="checkbox"/> | ADDRESS | <input type="checkbox"/> | QUALIFICATION | <input type="checkbox"/> | | |
| MODE OF APPOINTMENT | <input type="checkbox"/> | | | | | | |
| AWARDS | <input type="checkbox"/> | PUNISHMENTS | <input type="checkbox"/> | PROMOTIONS | <input type="checkbox"/> | PAY CHANGES | <input type="checkbox"/> |
| TRANSFERS | <input type="checkbox"/> | NOMINATIONS | <input type="checkbox"/> | | | | |

FAMILY MEMBERS: Any Family Member related problem please Submit "Form-6".

Employee Signature

All Staff are hereby requested to download the HRMS mobile app from Play Store and verify the details in Employee Master & E-SR and submit the wrong entries if any by filling above form and forward to **Dealing Clerk (Bill Clerk)**.