

SOUTH EASTERN RAILWAY
SER HEAD QUARTERS
EMPLOYEE DATA FORM FOR c-SR: HRMS

BASIC INFORMATION

Bill Unit No : _____ Dept. _____ Designation _____

1. Employee No. as per Pay Slip : _____
2. Employee Name as in SR * : _____
3. Employee Name as in Aadhaar : _____
4. Aadhaar No. : _____
5. Employee First Name * : _____
6. Employee Middle Name : _____
7. Employee Last Name : _____
8. Employee name in Hindi : _____
9. Employee Name Regional (if applicable) : _____
10. Country of Birth * : _____
11. Birth Place * : _____
12. Date of Birth * : _____
13. Gender * : _____
14. Father's Name : _____
15. Mother's Name : _____
16. Guardian : _____
17. Spouse Name : _____
18. PAN Number * : _____
19. Blood Group(Self) : _____
20. Superannuation Date * : _____

Copies of Documents to be attached with self attestation:

1. Date of Birth proof.
2. PAN Card
3. Aadhaar Card

Signature of Employee
Name :

Data Entered By
Signature with Name:

Verified By
Signature with name

FAMILY :

21. Family Member Numbers *
(Details of all family members must be submitted)

	1st Member	2nd Member	3rd Member	4th Member
Member Name *				
Member Name (Hindi)				
Aadhaar Number				
Relation *				
Member DOB				
Family Member Age *				
Handicap Flag				
Handicapped percent				
Handicap Category				
Handicapped Certificate				
Handicap Certificate effect from :				
Handicap Certificate effect To :				
Member Dependent * (Yes/No)				
Member Dependent Doc				
Member Bonafide Doc				
Document ID				

In case of more members, column may be increased as required and submitted in separate sheet.

Copies of Documents to be attached with self attestation:

- 1. Recent Colour Photo of each member with name mentioned in the back side of each photographs.**
- 2. Handicapped certificate of Family members (if applicable)**
- 3. Proof of Relationship documents**
- 4. Date of Birth proof Family members.**

PERSONAL:

22. Employee's Signature

23. Religion * : _____

24. Community * : UR/OBC/SC/ST _____ 25. Caste : _____

26. Identification marks 1 * : _____

27. Identification marks 2 * : _____

28. Marital Status * : _____ Date of Marriage : _____

29. Mother Tongue : _____ 30. Height : CM _____ Feet _____ Inches _____

31. Nationality : _____

Copies of Documents to be attached with self attestation:

1. Employee's recent Colour Photo with name mentioned in the back side of photograph.
2. Community certificate (if applicable)
3. Character Certificate (at the time of appointment)

COMMUNICATION INFORMATION:

32. Personal Mobile Number * : _____

33. Official Mobile Number : _____

34. Personal Email : _____

35. Official Email : _____

36. Communication Address : _____

	Present Address	Permanent Address
Address *		
Pin Code *		
State *		
District *		
City *		

EMPLOYEE's CURRENT STATUS :

37. Bill Unit No : _____ 38. Appointment Date : _____
39. Mode of Appointment * : _____
40. Current Zone * : _____ 41. Current Unit/Divn * : _____
42. Current Station Place * : _____ 43. Current Working Office * : _____
44. Lien : _____ 45. PH Quota : _____
46. Ticket Number : _____ 47. Service Status * : _____
48. Railway Group : A/B/C/D Officer Type : GAZ /NON GAZ
49. Cadre : _____ 50. P.F.Number : _____
51. NPS Scheme : Yes/No * _____
52. PRAN No. : _____
53. Pay Details: : _____

	Substantive	Officiating
Pay Level *		
Department *		
Designation *		
Basic Pay *		

54. Granted MACP : Yes / No _____ in Level _____
55. Working in Ex cadre : Yes / No _____

MEDICAL :

56. Medical Type * : _____ 57. Medical fit certificate Date : _____
58. Medical certificate issued by : _____ 59. Medical certificate Number : _____
60. Medical Classification : _____
61. Handicap Flag : Yes / No 62. Handicapped Percent : _____
63. Handicap Code : _____
64. Handicap Certificate Effect : From : _____ To : _____
65. Handicapped Certificate Date : _____

Copies of Documents to be attached with self attestation:

1. Medical Certificate issued by Medical Officer.
2. Handicapped certificate (if any)

