

## NHP HR survey form for Human Resource Management System

[Please provide as much information as you can. | Fields marked as # are mandatory.]

### FILL ONLY THOSE FIELDS RELEVANT TO YOU

#### Employee Posting Details

1.	Employee posting level #	Directorate <input type="checkbox"/> District level <input type="checkbox"/>	Photo
2.	District HR Posting #	District Hospital <input type="checkbox"/> CHC <input type="checkbox"/> PHC <input type="checkbox"/> Sub-center <input type="checkbox"/> Others <input type="checkbox"/>	
3.	District #		
4.	District Hospital (name)		
5.	Block (name)		
6.	CHC (name)		
7.	PHC (name)		
8.	Sub Center (name)		
9.	Emp Code		
10.	Appointment/ Joining order in original available #	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	Official letter with GPF/PRAN No. available #	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.	Promotion/Regularization Letter in original available #	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.	Official ID card in original (issued by department) available#	Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Employee Personal Details

14.	Full Name #	
15.	Sex #	Female <input type="checkbox"/> Male <input type="checkbox"/>
16.	Father's Name #	
17.	Date of Birth #	Should be verified from service book only
18.	Caste Category	
19.	Tribe Category	
20.	Tribe Name	
21.	Backward Type	
22.	Primary Mobile number #	
23.	Alternative Mobile number	
24.	Email ID	

25.	Permanent Address #	
26.	Present Address #	
27.	Spouse Name	
28.	Spouse Profession	
29.	Qualification #	

*Employee Joining Details (only filled by authorized person)*

30.	Mode Of Recruitment	
31.	Date of Joining (Initial)	
32.	Service Category #	
33.	Designation #	
34.	Cadre	
35.	Sub Cadre	
36.	Date of Joining Present Rank	
37.	DDO Code	
38.	ROP	
39.	Pay Scale	
40.	Class	
41.	GPF/PRAN No.	
42.	Service Length	
43.	Retirement Date	

*Optional Information (Opt-In incase not submitted earlier to Department or changed)*

44.	AADHAAR Number	
45.	Bank A/C Number	
46.	Bank A/C Details (Name, Branch, IFSC Code etc)	

Date:

Signature