

URGENT
TIME-BOUND

GOVERNMENT OF N.C.T. OF DELHI
DIRECTORATE OF AUDIT
(Administration Branch)

04th Level, 'C'-Wing,
Delhi Sachivalaya,
New Delhi.

No. F.9(5)/DOA/Estt./2015/dcaaudit/4397-4508

Dated: 01-07-2015

Sub.: Regarding uploading of employees (Gr.II/III/IV/Stenographers) data on Human Resource Management System.

Please refer to this Office letter No. 3921-32 dated 27.05.2015 on the subject cited above vide which it was requested to send the details of employees of this department working in respective branches, for uploading the same on the website of Human Resource Management System, but the information submitted by most of the officials are incomplete/unsigned and are without self-attested copies of requisite documents.

All the Branch Incharges are, therefore, again requested to ensure that revised information in r/o all the officials of this department working in respective branches must reach to this office by **06.07.2015** positively in the enclosed proforma so that the same can be uploaded on the website of Human Resource Management System.

Encl: As above.


(H.R. NAUGAIN)
ACCOUNTS OFFICER (ADMN.)
TEL. NO. 23392280

1. All Branch Incharge, Directorate of Audit.
2. PS to Pr. Secretary (Finance)
3. DSF-I/II/III/IV/V/VI, Finance Department.
4. OSD to Hon'ble Minister (Law), GNCT of Delhi.
5. OSD to Chief Secretary, Delhi.
6. Supdt.(Admn.), Directorate of Vigilance
7. Supdt.(S-IV), Services -IV Department.
8. ✓ AAO(website), Dte. of Audit.
9. Guard File.

Employee Basic Detail for HRMS

1. Employee Name :
2. Father's Name :
3. Mother's Name :
4. (a) Marital Status :
(b) If married, details of spouse
(i) Name :
(ii) Whether Employed (Yes/No) :
(iii) If yes (whether Govt./Private) :- 5. Whether Physically Handicapped :
(If yes, enclose self-attested copy of Certificate)
- 6. GPF/PRAN No. :
- 7. PAN No. :
(Enclose self-attested copy of PAN Card)
- 8. AAdhar No. :
(Enclose self-attested copy of Aadhar Card)
- 9. Mobile No. :
- 10. Email Id :
- 11. Type Test (Passed/Exempted/Yet to Qualify) :
- 12. Present Address:

Distt.:

State :

Pin code:

13. Permanent Address :

Distt.:

State :

Pin Code:

14. Highest Educational Qualification (as entered in Service Book):
(Enclose self-attested copy of Degree/Certificate)

15. Details of Foreign Visit (if any):

S.No.	Country Name	Duration of Visit	Visit Type (Personal/official)

Date:

(Signature of employee)