

BRANCH UNION MEMO

**To All Branch Unions
Presidents & Secretaries
Provincial & District Coordinators**

Human Resource Management Information System (HRMIS) - Data Collection Programme.

I kindly request you to follow the below mentioned steps in order to make this project a success;

- Contact the HRMIS Coordinators and give them your cooperation to implement the Data collection procedure.
- Help the Head of the institutions to photocopy the relevant data collection application forms and distribute them among the grade medical officers.
- Encourage the grade medical officers to fill the Data collection application forms.
- Collect the application forms and return them to the Ministry of Health after verification from the Head of the Institution.
- Facilitate the provision of accommodation food, transport and other necessities of data collection coordinators.
- District Branch union secretaries are requested to contact the peripheral hospitals and to send them the data collection application forms via, fax or email.
- Any other measures to facilitate the process.

Thank you!

**Secretary
GMOA**

List of Data coordinators
" Data Collection week of HRMIS"

Serial No	Name	NIC	Contact number	District
1	W A S Eranga	910743651V	715735149	Ampara
2	D M S B Dissanayake	890060390V	771968162	Anuradhapura
3	D G M Madhuranga	902403205V	715429991	Badulla
4	K Janaka	853222259V	778951664	Batticaloa
5	H A D Maduranga	912390462V	711212770	Colombo
6	H L D Navoda	902501681V	712840476	Colombo
7	R S Jayalath	902383034V	715314642	Galle
8	T L Madusanka	892443785V	713505241	Gampaha
9	A M P S B Senevirathne	873655011V	712073772	Gampaha
10	I S Wickramarachchi	881674173V	711203569	Hambanthota
11	J M A Prasanna	903520825V	716487318	Jaffna
12	G S Madhushan	892410623V	716430314	Kalutara
13	T C R Gamage	901054487V	711777910	Kandy
14	Malith Dananjaya	893440330V	716407942	Kegalle
15	E M S W Bandara	911571536V	757924117	Kurunegala
16	P P Samith Thanuja	902333517V	715716186	Mannar
17	Ishara Homapola	901170045V	713216868	Matale
18	P H D Dananjaya	910173413V	716042145	Matara
19	L M E S Lansakkara	900810261V	714796442	Monaragala
20	K M S D Karunarathne	900290292V	716935207	Mullathive & Kilinochchi
21	W A S P Appuhami	893434569V	715399914	Nuwara Eliya
22	W P K N Kumara	903264039V	712289800	Plonnaruwa
23	K P K Dhammika	890564364V	718352867	Puttalam
24	D W Sajith Kumara	902820914V	718867286	Rathnapura
25	A M D P Alahakoon	782390317V	714888876	Trincomalee
26	S G K Jayathilake	902841393V	773356143	Vavuniya
27	G I S Jayaweera	902541730V	718352867	Kalmunai

MA/MS/M/07/2013
Ministry of Health
Suwasiripaya
Colombo 10
03.04.2013

All Provincial Directors of Health Services
All Regional Directors of Health Services
Heads of Line Ministry Institutions

Re: Collection of Data during the "Data Collection Week of HRMIS"

In addition to my Circular No: MA/MS/M/07/2013 dated 02/04/2013

Ministry of Health in collaboration with GMOA has developed a comprehensive data base for all categories of Medical Officers; Administers, Consultants and Grade Medical Officers. This will benefit for all Levels of users. Date collection and entering has been planned to be completed within next month.

02. Your active contribution in this process is essential for the success of completion of HRMIS. Hence you are kindly informed to attend the following urgently.

03. With a view of facilitating the above programme, GMOA has provided the assistance of a group of university students as data collection coordinators to Ministry of Health. (The list annexed herewith)

1. All data collection formats should be disseminated before the 8th of April 2013
2. Completed formats should be collected to your office before the 11th of April 2013
3. Data collection coordinator can be utilized for the above process
4. All collected formats should be verified and certified by the relevant Regional Director of Health Services /Head of the Institution before the 12th of April 2013
5. All certified formats should be handed over to the data collection coordinator before the 12th of April 2013

You are kindly requested to facilitate the allocated data collection coordinators with accommodation , meals, telecommunication facilities and transport facilities within the district if it is necessary.

Your kind cooperation in this regard will be much appreciated .


Dr. Ananda Gunasekera
Deputy Director General (MS II)

Sgd by/ Dr. P.G. Maheepala
Director General of Health Services

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection
Form

Personal Details

NIC																					
Last name																					
Last name with Initials																					
Name Denoted by Initials																					
Maiden Name																					
Date of Birth	Y	Y	Y	Y	M	M	D	D	Gender	Male	Female										
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other <input type="checkbox"/>																				
	If married NIC of Spouse																				
Permanent Residential Address	Line 1 Line 2 Town / City District																				
Contact Details	Mobile No.1 Mobile No.2 Land Line No. E Mail																				
University, granted the Basic Medical Degree	Name of the Degree Year For foreign graduates, state date of completion of ACT-16/SLMC Examination																				
Ethnicity											Religion										
SLMC No.						W & OP No.						Agrahara (Insurance) No.									
Taken Vehicle Permit?	Yes	No	Issued date of the most recent Vehicle Permit																		
Paying Authority											Pay roll No.										

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection
Form

Internship Details

Provisional Reg. No

Merit Order

Internship App. Date

Internship Start Date

Internship End Date

If internship period extended

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duration in Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reasons	<input type="text"/>								

	Institution	Specialty	Name of the Consultant	Commenced Date				End Date			
1 st				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 rd				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 th				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Details

Grade Details	Preliminary Grade	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Formal App. Letter Available?	Yes	No
	Grade II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PSC approved GII Letter Received?	Yes	No
	Grade I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PSC approved GI Letter Received?	Yes	No

Confirmation Details	Date of Confirmation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Confirmation Letter Available?	Yes	No
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If Probation period extended

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duration in Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reasons	<input type="text"/>								

No-Pay Details

Note: No pay reasons; Overseas leave/ medical leave/ extended maternity leave except ordinary maternity no pay leave

	Reason	Commenced Date				End Date			
1 st		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 rd		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection
Form

Disciplinary Inquiries

	Reason	Action Taken (According to the PSC order)	Does it affect the Seniority?	Time Period															
			Y / N	From								To							
1 st				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
2 nd				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
3 rd				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D

Post Graduate Training Attachments

Course Type Dip./MSc/MD	Name of the Course	Date released to PGIM								Date that Course started								Released date from PGIM								Course Completed?	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	N
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	N
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	N

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection Form

Appointment and Transfer Details

Sequence	Transfer/ Appointment type*	Institution Name	Post (As of Appointment / Transfer List)	Appointment /Transfer date as of list or letter								Duty reported date to the Institution								Released date from the Institution								Remarks
1	RHO		RHO	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
2				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

* Transfer/ Appointment type: First Appointment, Annual, Special appeal, Special post, Seconded post, North and East List, Temporary Transfers, PGIM Attachment.

If transfer type is a temporary attachment please mention whether it is a Post PGIM , Post No pay, Punishment, Reinstatement or special reasons.(for special reasons mention it in the remarks cage)

Declaration

I certify that the above mentioned particulars are true and correct. I am aware that I shall be punished if incorrect information has been submitted.

.....
Date

.....
Signature of Doctor

I declare that the above particulars submitted by the medical officer are compatible with his / her personal record.

.....
Date

.....
Name of HMA

.....
Signature of HMA

.....
Contact No. of HMA

Observation and Recommendation of the Head of Institution / Decentralised Unit / Specialised Campaign/
Regional Director of Health Services;

I certify the particulars furnished by the medical officer, are correct.

.....
Date

.....
Signature of Head of Institution