# **HRMIS** Data HRMIS Data Collection Form 2013

April 9

This document contains a picture guide to filling Ver 5.0 of the HRMIS Data Collection Form.

Form Filling Guide

Please fill all items. Incomplete forms will require resubmission. Please attach a sheet of paper when the supplied rows are inadequate.

#### **Personal Details**

- Please fill each letter in each box.
- **NIC**. E.g. |7|7|2|3|2|2|2|9|2|v|
- All names should be written in full with no abbreviations unless specified.
- **Date of Birth** is in yyyy/dd/mm format. E.g. |1|9|7|7|1|2|3|1|
- In '**Gender**' and 'Marital Status' place a 'X' in the relevant box.
- In 'Permanent Residential Address' please write your full address and avoid abbreviations.
- In 'Contact Details' write your full number with area code (if applicable).
- In 'Current Institution' please mention the station, department & whether Line Ministry / Provincial.
- In 'Current Post and Designation' mention full post and avoid abbreviations.
- In 'Paying Authority' please mention whether Line Ministry / Provincial Department of Health.
- In 'Pay roll No.' mention the number in your regular pay sheet.

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

Data Collection

		Pers	onal Details		
NIC					
Last name					
Last name with Initials					
Name Denoted by Initials					
Maiden Name					
Date of Birth					
Gender	Male	] Female			
Marital Status	Single	Married	Divorced	Widowed Legally Separate	d Other
	lf mar	ried 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				
SLMC No.		W & OP N	lo.	Agrahara (Insurance) No	o.
Current Institution					
Current Post and Designation					
Paying Authority				Pay roll No	).

### <u>Internship</u>

- In 'If internship period extended' is in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|
- In 'Reason' please write the reason in brief. E.g. 'Pregnancy'
- Fill your details of internship in full without abbreviations:

E.g. Base Hospital Panadura | Medicine | Dr. Ananda Susil Samarasena | |2|0|1|0|1|2|3|1| to |2|0|1|2|1|0|3|0|

### **Grade Details**

- In 'Preliminary Grade | Grade II | Grade
   I' is in format. E.g. |2|0|1|0|1|2|3|1|
- Please circle either 'Yes' or 'No' where applicable for your formal letters of grade next to the above dates.
- Follow the same instructions for 'Confirmation Details'
- In 'If Probation Period extended' is in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|
- In 'Reason' please write the reason in brief. E.g. 'Pregnancy'

### **No Pay Details**

- In 'Reason' please write the reason in brief. E.g. 'Scholarship'
- Dates are in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|

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2 <sup>nd</sup>																					
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### **Disciplinary Inquiries**

- In 'Reason' please write the reason in brief. E.g. 'Insubordination'
- In 'Does it affect the Seniority?' please write either 'Y' or 'N'
- Dates are in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|

### **Post Graduate Training Attachments**

- Clearly mention the 'Course Type' without abbreviations. E.g. Diploma
- In 'Name of the Course' write the full name of the course and avoid abbreviations. E.g. Biomedical Informatics
- Dates are in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|

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### **Appointment & Transfer Details**

- In 'Transfer/ Appointment type' First
  Appointment, Annual, Special appeal,
  Special post, Special List, 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)
- In 'Institution Name' please mention the station, department & whether Line Ministry / Provincial.
- Dates are in yyyy/dd/mm format. E.g. |2|0|1|0|1|2|3|1|

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			Appointme	nt	and	l Tr	ran:	sfe	r D	eta	ils										
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Sequence	Transfer/ Appointment type*	Institution Name	Post (As of Appointment / Transfer List)		App date						ı	Outy		dat ition	the		Rele		ate f utio	the	Remarks
1	RHO		RHO																		
2																					

<sup>\*</sup> 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)

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### **Declaration**

- Please double check your form before signing and submitting.
- Dates are in yyyy/dd/mm format. E.g. 2013/04/12
- Please get relevant signatures of the head of your institution. Unsigned forms will not be processed.

### **Contact Information**

No. 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10.

T.P. (General):

011-2694033 | 011-2675011 | 011-2675449 | 011-2669192

#### Dr. Ananda Gunasekara

(Deputy Director General – Medical Services)

169 (Ext)

### Dr. Lal Panapitiya

(Director - Medical Services)

167 (Ext)

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

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clare that the above particulars submitted by the medical officer are compatible with his / her person ord.	Date	Name of HMA	Signature of HMA
clare that the above particulars submitted by the medical officer are compatible with his / her person	· ·	,	,
	lare that the above particu	lars submitted by the medical officer are c	ompatible with his / her persona
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