

HRMIS Data Collection Form

April 9

2013

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

Form Filling Guide

Personal Details

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

[illegible]

- 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:

Grade Details

- ## 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|

Internship Details

Provisional Reg. No													
Merit Order													
Internship App. Date													
Internship Start Date													
Internship End Date													
If internship period extended	From												
	To												
	Duration in Days												
	Reasons												

[illegible]

Grade Details

Grade Details	Preliminary Grade							Formal App. Letter Available?	Yes	No
	Grade II							PSC approved GII Letter Received?	Yes	No
	Grade I							PSC approved GI Letter Received?	Yes	No

Confirmation Details	Date of Confirmation									Confirmation Letter Available?	Yes	No
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If Probation period extended	From								
	To								
	Duration in Days								
	Reasons								

No-Pay Details

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

	Reason	Commenced Date					End Date				
1 st											
2 nd											
3 rd											

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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Disciplinary Inquiries

	Reason	Action Taken	Does it affect the Seniority?	Time Period											
				Y / N	From						To				
1 st															
2 nd															
3 rd															

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	N
					Y	N
					Y	N

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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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													
2																

* 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

- 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

**Data Collection
Form**

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/
Provincial Director of Health Services / Regional Director of Health Services;
I certify the particulars furnished by the medical officer, are correct.

Date

Signature of Head of Institution