

**PUNJAB SMALL INDUSTRIES AND EXPORT CORPORATION LTD.,  
CHANDIGARH**

**CIRCULAR**

It is informed that digitisation of service book module of iHRMS implemented in the Corporation and data in service book of officers / officials have been uploaded on the iHRMS portal timely. In this regard, all the regular employees (regularized from work charge and absorbed in the Corporation from other offices) are requested to submit completely filled iHRMS form along with requisite documents (Photocopy of employee's Aadhar Card, Educational qualification certificates, Training certificates, Photocopy of employee's Family members Aadhar Card) for generating their iHRMS login id and for making other transactions on the iHRMS portal.

Further, employees are requested to self attest form for iHRMS and all the requisite documents along with the stamp and signature of their officer in-charge and submit to Personnel Section within 7 days positively.

  
Manager (Pers.)

ENDST. NO. PSIEC/Per./A-3/2022/ 3845 - 49

DATED: 26/4/2022

A copy of above is forwarded to following for information and necessary action:-

1. PS/MD for kind information of worthy MD.
2. All Functional Heads.
3. All officers of Head Office / Field Offices.
- ✓ 4. Programmer (C&IT Section) – To upload the same on website of PSIEC.
5. Notice Board.

Employee details for 'Manasampada' Human Resource Management services  
(please provide as much information as you can. Fields marked \* are mandatory.)

|    |                                              |  |
|----|----------------------------------------------|--|
| 1  | Name #                                       |  |
| 2  | Father/Mother/Husband's Name#                |  |
| 3  | Date of Birth #                              |  |
| 4  | Employee Type# (Regular Contract, Temporary) |  |
| 5  | Aadhaar Number# (UIC No#)                    |  |
| 6  | Nationality.#                                |  |
| 7  | Current Designation#                         |  |
| 8  | Sub Designation                              |  |
| 9  | E-Salary Code#                               |  |
| 10 | Category#                                    |  |

Employee Current Posting Details

|    |                                                                       |  |
|----|-----------------------------------------------------------------------|--|
| 11 | Current Posting Department #                                          |  |
| 12 | Current Posting District#                                             |  |
| 13 | Office Level (Directorate)#                                           |  |
| 14 | Current Posting Office#                                               |  |
| 15 | Date of Joining#                                                      |  |
| 16 | Date of Retirement#                                                   |  |
| 17 | Current Class#                                                        |  |
| 18 | Establishment Office                                                  |  |
| 19 | Mode of Recruitment #<br>(Direct, Promotion, Contract, on deputation) |  |
| 20 | Branch                                                                |  |
| 21 | Current Establishment Department                                      |  |
| 22 | Address Details                                                       |  |
| 23 | Pin Code                                                              |  |
| 24 | State                                                                 |  |
| 25 | District                                                              |  |
| 26 | Mobile number                                                         |  |
| 27 | Landline Number                                                       |  |



# Form 1: Employee Personal Information

|    |                              |   |
|----|------------------------------|---|
| 22 | Father/Mother/Husband's Name |   |
| 23 | Gender                       | 0 |
| 24 | Marital Status               |   |
| 25 | Identification Mark          |   |
| 26 | Category                     |   |
| 27 | Religion                     |   |
| 28 | Home State                   | 0 |
| 29 | Home District                |   |
| 30 | LTC Home Town                |   |
| 31 | Nearest Railway Station      |   |
| 32 | Card No. (State/District)    | 0 |
| 33 | Blood Group                  |   |
| 34 | Height                       |   |
| 35 | Cast                         |   |
| 36 | Source of Appointment        |   |

## Form 2: Employee Address Information

|    |                 |  |
|----|-----------------|--|
| 33 | Present Address |  |
| 34 | District        |  |
| 35 | State           |  |
| 36 | Pin Code        |  |
| 37 | Email           |  |

|    |                   |  |
|----|-------------------|--|
| 38 | Permanent Address |  |
| 39 | District          |  |
| 40 | State             |  |
| 41 | Pin Code          |  |

III

Form 3: Employee Initial Joining Information

42 State

43 Department

44 Office Name

45 Designation

46 Date of Joining

47 Whether Confirmed (Yes/No)

48 If Yes, Date of Confirmation

49 Confirmation Order Number

50 Confirmation Order Date

51 Appointing Authority

52 Mode of Recruitment

53 Name of Service at the time of joining

54 Class (I/II/III/IV)

55 Employee Type (Permanent/Temporary/Ad hoc)

56 Gazetted/Non/gazetted

57 Pay Commission# (At the time of joining)

58 Pay Scale/ Pay Band / Grade Pay #

59 Basic Pay #

60 Deduction Type (GPF/ CPS)

61 Member of GIS or Not

62 Appointing Date

63 GPF/CPP/BPF Number



# Form 4: Employee Education Info

| Education Details (Matric and Above)                                           | Subject/ Stream | [Redacted] |  | Passing Year, | Mark in % and Grade or Division] |
|--------------------------------------------------------------------------------|-----------------|------------|--|---------------|----------------------------------|
| 63 Matric #                                                                    |                 |            |  |               |                                  |
| 64 Intermediate 10+2 #                                                         |                 |            |  |               |                                  |
| 65 Graduation #<br>Post-graduation (Enclose a separate sheet if you have more) |                 |            |  |               |                                  |
| 66 Qualification                                                               |                 |            |  |               |                                  |
| 67 Other                                                                       |                 |            |  |               |                                  |

## Form 5: Training Information

|    |                                                                                                                           |        |
|----|---------------------------------------------------------------------------------------------------------------------------|--------|
| 68 | Training Details (Please mention in India or Abroad)<br>[Enclose a separate sheet if you attended more than one training] |        |
| 69 | Training Type (Basic/ Intermediate/ Advance) #                                                                            |        |
| 70 | Training Name                                                                                                             |        |
| 71 | Name of Institute                                                                                                         |        |
| 72 | Period (In MM/YYYY)                                                                                                       | From : |
|    | Total No. of Days in Training                                                                                             | To:    |
|    |                                                                                                                           |        |
|    |                                                                                                                           |        |

## Form 6: Employee Nominee Details

Employee nomination Details for GPF /CPs

| Nominee Name | Relation | Percentage |
|--------------|----------|------------|
|              |          |            |
|              |          |            |
|              |          |            |
|              |          |            |

## Legal Guardian Details, if nominee is minor

| Guardian Name                                    | Relation | Address |
|--------------------------------------------------|----------|---------|
|                                                  |          |         |
|                                                  |          |         |
|                                                  |          |         |
| Nomination Type (CPF/EPF/ GPF/GRATUITY/ GIS/ALL) |          |         |



| Name | Increment<br>Trace # | # Increment<br>Amount | # B. Pay<br>after<br>Increment | Vide<br>Order<br>No/ Date | St.<br>No. | [REDACTED] | # Increment<br>Amount | # B. Pay<br>after<br>Increment | Vide<br>Order<br>No/ Date |
|------|----------------------|-----------------------|--------------------------------|---------------------------|------------|------------|-----------------------|--------------------------------|---------------------------|
|      |                      |                       |                                |                           | 16         |            | 0                     |                                |                           |
|      |                      |                       |                                |                           | 17         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 18         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 19         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 20         |            | 0                     |                                |                           |
|      |                      |                       |                                |                           | 21         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 22         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 23         |            | 0                     |                                |                           |
|      |                      |                       |                                |                           | 24         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 25         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 26         |            | 0                     |                                |                           |
|      |                      |                       |                                |                           | 27         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 28         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 29         |            |                       |                                |                           |
|      |                      |                       |                                |                           | 30         |            | 0                     |                                |                           |

# Employee Promotion Details

VII

| Sl. No. | # Designation From | # Designation To | # Scale From | # Scale To | Vide Order No./ Date |
|---------|--------------------|------------------|--------------|------------|----------------------|
| 1       |                    |                  |              |            |                      |
| 2       |                    |                  |              |            |                      |
| 3       |                    |                  |              |            |                      |
| 4       |                    |                  |              |            |                      |
| 5       |                    |                  |              |            |                      |
| 6       |                    |                  |              |            |                      |
| 7       |                    |                  |              |            |                      |
| 8       |                    |                  |              |            |                      |
| 9       |                    |                  |              |            |                      |
| 10      |                    |                  |              |            |                      |
| 11      |                    |                  |              |            |                      |
| 12      |                    |                  |              |            |                      |
| 13      |                    |                  |              |            |                      |
| 14      |                    |                  |              |            |                      |
| 15      |                    |                  |              |            |                      |
| 16      |                    |                  |              |            |                      |
| 17      |                    |                  |              |            |                      |
| 18      |                    |                  |              |            |                      |

If transferred to NIA  
Please mention all the details of  
transfer details table below

## 76. Employee Transfer Details (If you have transferred more than 18 times, then please enclose further details in a separate sheet)

| Sl. No. | # Designation From | # Office From | # Designation To | # Office To | Joining Date (New Office) | Vide Order No./ Date |
|---------|--------------------|---------------|------------------|-------------|---------------------------|----------------------|
| 1       |                    |               |                  |             |                           |                      |
| 2       |                    |               |                  |             |                           |                      |
| 3       |                    |               |                  |             |                           |                      |
| 4       |                    |               |                  |             |                           |                      |
| 5       |                    |               |                  |             |                           |                      |
| 6       |                    |               |                  |             |                           |                      |
| 7       |                    |               |                  |             |                           |                      |
| 8       |                    |               |                  |             |                           |                      |
| 9       |                    |               |                  |             |                           |                      |
| 10      |                    |               |                  |             |                           |                      |
| 11      |                    |               |                  |             |                           |                      |
| 12      |                    |               |                  |             |                           |                      |
| 13      |                    |               |                  |             |                           |                      |
| 14      |                    |               |                  |             |                           |                      |
| 15      |                    |               |                  |             |                           |                      |
| 16      |                    |               |                  |             |                           |                      |
| 17      |                    |               |                  |             |                           |                      |
| 18      |                    |               |                  |             |                           |                      |

If transferred to NIA  
Please mention all the details of  
transfer details table below

## 77. Time Bound Promotion/ACP/MACP Details (Please mention event type explicitly in 'Remarks' column)

| Sl. No. | # Pay Scale (From) | # Pay Scale (To) | Increment Amount | # Pay after Increment | Vide Order No./ Date |
|---------|--------------------|------------------|------------------|-----------------------|----------------------|
| 1       |                    |                  |                  |                       |                      |
| 2       |                    |                  |                  |                       |                      |
| 3       |                    |                  |                  |                       |                      |
| 4       |                    |                  |                  |                       |                      |
| 5       |                    |                  |                  |                       |                      |
| 6       |                    |                  |                  |                       |                      |
| 7       |                    |                  |                  |                       |                      |
| 8       |                    |                  |                  |                       |                      |
| 9       |                    |                  |                  |                       |                      |
| 10      |                    |                  |                  |                       |                      |
| 11      |                    |                  |                  |                       |                      |
| 12      |                    |                  |                  |                       |                      |
| 13      |                    |                  |                  |                       |                      |
| 14      |                    |                  |                  |                       |                      |
| 15      |                    |                  |                  |                       |                      |
| 16      |                    |                  |                  |                       |                      |
| 17      |                    |                  |                  |                       |                      |
| 18      |                    |                  |                  |                       |                      |

Remarks



## 0

0.

## Form 9: Loan Detail

main Details (Please mention event type explicitly in 'Remarks' column)

[illegible]

## Form 10: Award Detail

80. Award Details (Please mention event type explicitly in 'Remarks' column)

[illegible]

IX

## Form 11: Leave Detail

11. Leave Details (Please mention event type explicitly in 'Remarks' column)

| Sl. No. | # Type Of Action: | # Leave Type            | # From Date | # To Date | # Remarks |
|---------|-------------------|-------------------------|-------------|-----------|-----------|
|         | Credit, Debit     | Casual, Earned, Medical |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |
|         |                   |                         |             |           |           |

## Form 12: Employee Department proceeding

12. Employee Departmental proceeding (Please mention event type explicitly in 'Remarks' column)

| Sl. No. | Whether there is/are charge(s) Against the employee? Yes/NO / If yes write Description | # File Number | Faulty Imposed | Order No | Date |
|---------|----------------------------------------------------------------------------------------|---------------|----------------|----------|------|
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |
|         |                                                                                        |               |                |          |      |

Signature