

15/3/18

**MOST URGENT**

**GOVERNMENT OF N.C.T. OF DELHI  
OFFICE OF THE MEDICAL SUPERINTENDENT  
GURU TEG BAHADUR HOSPITAL  
(Establishment-I Branch)**

F.1/(346)/Misc./E-I/GTBH/2017/Pt.II/ 15956-978


Dated:- 15-03-2018

**CIRCULAR**

All Head of Branches/Departments are hereby informed that the process of updation and authentication of the data in respect of Specialist (Teaching & Non-Teaching), consultant working in this hospital, is being updated on the Human Resource Information System (HRIS) website.

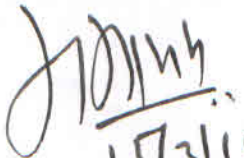
A standard format regarding Specialist (Teaching & Non-Teaching) has been received from Department of Health & Family Welfare for filling up by the officer concerned and submit by 20-03-2018 positively.

Format for updating the data may also download from <http://gtbh.delhigovt.nic.in>.

  
(DR. P. K. MALIK)  
HEAD OF OFFICE

To

All concerned officers  
GTB Hospital  
Dilshad Garden,

MOIC (EDP) Pl. upload the  
HRIS forms on the website of  
GTBH.   
15/3/18

MOIC (EDP)

**AUTHENTICATED EMPLOYEES Specialist (Teaching & Non-Teaching), Consultant  
DATA ON HUMAN RESOURCE INFORMATION SYSTEM**

<b>PART - A</b>		<b>BASIC DETAILS</b>
1.	EMPLOYEE NAME*	PHOTO PHOTOGRAPH
2.	FATHER NAME*	
3.	MOTHER NAME*	
4.	AADHAR NO.	
5.	D.O.B*	
6.	GENDER*(M/F)	
7.	MARTIAL STATUS*	
8.	SPOUSE NAME*	
9.	CATEGORY*	
10.	RELIGION*	
11.	CADRE*	
12.	WHETHER PHYSICAL HANDICAP*	
13.	TYPE OF DISABILITY*	
14.	DATE OF JOINING IN GOVT. SERVICE*	
15.	BATCH	
16.	MODE OF RECRUTMENT*	
17.	EMPLOYEE STATUS*	
18.	WHETHER APPOINTED UNDER SPORTS QUOTA	
19.	SENIORITY NO.	
20.	MOBILE NO.*	
21.	EMAIL I.D	
22.	TYPE TEST* (PASSED/PROMOTED)	
<b>PART - B</b>		<b>CURRENT WORKING DEPARTMENT IN DETAIL</b>
1.	DEPARTMENT IN WHICH WORKING*	
2.	DESIGNATION*	
3.	GPF/PRAN NO*	
4.	GRADE PAY	
5.	PAN NO	
<b>PART - C</b>		<b>PRESENT ADDRESS DETAIL</b>
1.	STATE IN WHICH LIVE*	
2.	HOUSE NO*	
3.	STREET NO	
4.	LAND MARK (IF, ANY)	
5.	ENTER LOCALITY	
6.	DISTRICT NAME	
7.	PIN CODE	
<b>PART - D</b>		<b>PERMANENT ADDRESS DETAIL</b>
1.	STATE IN WHICH LIVE*	
2.	HOUSE NO*	
3.	STREET NO	

4. LAND MARK (IF, ANY)	
5. ENTER LOCALITY	
6. DISTRICT NAME*	
7. PIN CODE	
8. UPLOAD JOINING DOCUMENT	

**PART - E**

**ENTER NOMINEE DETAILS**

1. NOMINEE TYPE*	
2. (DCRG & GPF NO.)	
3. NAME*	
4. DATE OF BIRTH	
5. SEX* (M/F)	
6. RELATION WITH GOVT EMPLOYEE*	
7. SHARE (%)	
8. GUARDIAN NAME (IF, ANY)	

**PART - F**

**ENTER NOMINEE ADDRESS DETAILS**

1. STATE IN WHICH LIVE*	
2. HOUSE NO*	
3. STREET NO	
4. LAND MARK (IF, ANY)	
5. ENTER LOCALITY	
6. DISTRICT NAME	
7. PIN CODE	
8. ATTACH NOMINEE DOCUMENT	

**PART - G**

**ENTER FAMILY MEMBER DETAILS**

1. NAME OF FAMILY MEMBER				
2. DATE OF BIRTH				
3. SEX (M/F)				
4. RELATION				
5. IS EMPLOYED				
6. IS GOVERNMENT EMPLOYEE				

**PART - H**

**ENTER ADDRESS DETAILS**

1. STATE IN WHICH LIVE*	
2. HOUSE NO*	
3. STREET NO	
4. LAND MARK (IF, ANY)	
5. DISTRICT NAME	
6. PIN CODE	

**PART - I**

**ENTER EDUCATION DETAILS**

1. QUALIFICATION	
2. PASSING YEAR	
3. ENTER UNIVERSITY / BOARD	
4. ADDITIONAL INFORMATION	
5. ATTACH CERTIFICATES	

<b>PART - J</b>	<b>ENTER TRAINING DETAILS</b>	
1. COURSE NAME		
2. NAME OF ORGANISATION		
3. FROM DATE TO DATE		
4. WHETHER TRAINING IN ABROAD		
5. ATTACH CERFICATES		
<b>PART - K</b>	<b>ENTER VIGILANCE DETAILS</b>	
1. WHETHER PLACED UNDER SUSPENSION	YES	NO
<b>GIVE DETAILS</b>		
2. WHETHER ANY CHARGE SHEET ISSUED UNDER CCS (CCA) RULES,	YES	NO
<b>GIVE DETAILS</b>		
3. WHETHER ANY PROSECUTION SANCTION ISSUED	YES	NO
<b>GIVE DETAILS</b>		
4. WHETHER THE OFFICIAL HAS PREFERRED ANY APPEAL/OA/WRIT	YES	NO
<b>GIVE DETAILS</b>		
<b>PART - L</b>	<b>ENTER FOREIGN VISITS DETAILS</b>	
1. FOREIGN VISIT TYPE (OFFICIAL/ PERSONAL)		
2. DEPARTMENT		
3. DESIGNATION		
4. CADRE		
5. COUNTRY		
6. FROM DATE TO DATE		
7. DETAILS OF VISIT		
8. TYPE OF POSTING		
9. DEPARTMENT IN WHICH POSTED		
10. CADRE		
11. DESIGNATION AS POSTING		
12. DATE FROM WHICH POSTED		
13. DATE OF RELIEVING		
14. REMARKS (IF, ANY)		

SIGNATURE OF OFFICIAL