

कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान), करियप्पा मार्ग, लखनऊ छावनी -226002

Office of the Principal Controller of Defence Accounts (Central Command) Cariappa Road, Cantt., Lucknow, Pin Code - 226002

Email Id pcdaccaniiilko.dad@qov.in

No. AN/III/337/Misc Corr

Dated: 19.09.2022

IMPORTANT CIRCULAR

Subject: Feeding data of Service Book in e-HRMS

Ref: HQrs Office letter no. AN/VIII/19001/E-HRMS dated: 02.09.2022 (Available on CGDA website).

As per direction of the competent authority, the data of Service Books of the officers and staff have to be filled up in e-HRMS on urgent basis.

It is requested to furnish data as per details mentioned in annexure 'A'. Completion of data at first page of annexure is compulsory as the same are mandatory fields to be feed in e-HRMS.

This may please be treated as top priority (positively by 21.09.2022). The annexure 'A' duly completed may be mailed on pcdaccaniiilko.dad@gov.in by 21.09.2022.

Encl. Annexure 'A'.

Accounts Officer (AN-III)

То

- (i) The OIC, All Sections of Main office
- (ii) All Sub Offices of Main Office
- (iii) OA Cell, Local with request to upload on website.

`Service Book No.
GPF/PRAN No.
First Name
Last Name
Date of Birth
Identification Mark
Mother Name
Spouse Name
Type of Disability
Blood group
Personal mobile Number
Official mobile Number
Social category
Pan No.
Declare Home Town
Cadre
Allotted to
Office
Pay Commission
Grade pay(INR)
Next increment date
TPTA Applicable
(yes/no)
EE CONFIRMATION
Order No.

Relieving date Joining order No. Joining order date Deputation type EMPLOYEE SUSPENSION Order No. Order date Order description Suspension with effect from Reason of suspension	Confirmation Date	Order Issuing Office
Order Issuing office Promotion type Date of joining on promotion Relieving date From designation/post To Designation/post Service type Pay Revision(At time of promotion) From(pay level/pay band/ pay scale) From Grade Pay To (pay level/pay scale/ pay band) Is Notional Benefit date different than actual benefit(yes/no) MACP Type EMPLOYEE TRANSFER Transfer Type Order No./Memo No./ Resolution No. Order Issuing Authority/ office Relieving office Joining office Relieving order date Name Relieving order No. Joining order No. Joining order No. Order date Deputation type EMPLOYEE SUSPENSION Order description Suspension with effect from Reason of Suspension Reason of Suspension Reason of Suspension		EMPLOYEE PROMOTION
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Order description Suspension with effect from Reason of suspension	Order No.	Order date
Suspension with effect from Reason of suspension	Order issuing office	Order description
effect from Reason of suspension	Suspension with	Order description
	effect from	
	Suspension allowance	3dapenaion

	Remark
	EMPLOYEE LTC DETAILS
LTC type	Block year
LTC Order No.	LTC Order date
Issuing office	Leave from date
Leave to date	Travel from date
Travel to date	Travel Place
EM	IPLOYEE FAMILY DETAILS
Relationship	Name
Gender	Date of Birth
Marital status	Is Disabled
Percentage of Disability	Is Dependent
Is Employed(yes/no)	Income(INR)
Is Nominee(yes/no)	Gratuity Nomination(%)
PF Nomination(%)	
EMPLOYEE	DEPARTMENTAL EXAMINATION
Department Exam Relaxation Allowed(yes/no)	Name of Exam (Departmental/Hindi/ Literacy/Computer Proficiency etc.)
Passing Date	Order NO.
Order date	Order issuing Authority/office
Effective date	Remarks
	ADDRESS DETAIL
Address type (temp./permanent)	
Address	
District	
State	
Pin code	

ENADI OVEE C	QUALIFICATION
	ZOMERICATION
Qualification type	
(before/after joining)	
Degree	
Course type	
Course type	
Board/university/	
institute	
Course duration	
Marks obtained	
CDA	
GPA	
Grade	
Passing year	
Acquiring type	
(before/after joining)	
10ININ	NG DETAILS
Appointment order no.	Appointment order date
Appointment or act mos	
Order issuing authority	Appointing authority
Order issuing seasons,	
Source of appointment	Service type
Joining date	Joining type
Joining department	Joining office
Joining cadre	Joining designation
Pay revision	Pay scale/pay level
Grade pay	Basic pay
	NEE TO ALVING
EMPLO	YEE TRAINING
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Training name
Training type	Training name
Institute	Sponsored by
institute	
From date	To date
, rom water	
Place(abroad/India)	Certificate no.
<u> </u>	
Certificate issuing authority	Certificate date
EMPLOYEE SE	RVICE VERIFICATION

rom date	To date	
rification office	Verification date	
E	MPLOYEE PAY FIXATION	
Order No.	Order date	
Service type	Pay revision	
Pay level/pay band	Grade pay	
Basic pay after fixation	Whether RPP was granted(yes/no)	
RPP Amount	Pay fixation date	
Basis for fixation	Effective from date	
Pay fixation opted on next increment date		
F	PAY VERIFICATION DETAILS	
Diary No.	Dairy entry date	
Pay fixation amount	Pay fixation amount in words	
Next date of increment	Actual verified by	
Place	Verification date	
REGU	JLAR IRREGULAR SERVICE PERIOD	
From date	To date	
Reason	Whether period is regularise(yes/no)	
Order No.	Order date	
Order issuing office		
	EMPLOYEE INCREMENT	
Increment date	Increment order No.	
Increment order date	Order issuing office	
Basic pay		
	MPLOYEE SUSPENSION REVOKE	

E-HRMS				
Order No	Order date			
Order issuing	Order suspension			
authority	revoke description			
authority				
Suspension revoke	Joining order no			
with effect from				
Joining order date	Joining date			
Joining office				
EMPL	OYEE DEPARTMENTAL ACTION			
Order No.	Order date			
Order issuing	Show cause			
authority	asked			
DP initiated	DP order No.			
(yes/no)				
DP order date	Punishment			
	given(yes/no)			
Date of punishment	From date			
given	<u></u>			
To date	Description			
Criminal proceeding	Charge sheet			
description	submitted(yes/no)			
Submitting date	Remark			
	EMPLOYEE REWARD			
Order No.	Order date			
Order issuing authority	Date of reward given			
Reward type	Reward detail			
Office where posted at	Remark			
the time of reward				
(HQ location)				
	RN LEAVE/HALF PAY LEAVE DETAILS			
Leave type	From date			
Leave type				
To date	Number of days			
Leave earned(in days)	Leave credit(in days)			
	LEAVE TAKEN			
From	To date			
1				

	E-HRMS	
Number of days	Balance of return from leave	
EN	IPLOYEE ADDITIONAL CHARGES	
Order No.	Order date	
Order issuing authority	Department name	
Service/cadre	Designation	
From date	To date	
Order N.o	Order date	·
Issuing office	Order description	
	EMPLOYEE LEAVE DETAIL	
Leave type	From date	
Forenoon/afternoon	To date	
Number of days	Approved by	
Approved date	Approver remark	

Countersignature