Health Department, GoB
Health Employee Data Collection Form

This is a paper form used to collect data from the health employee (both permanent and contractual) of the State Government. It can be printed and copied for use. The purpose of collecting data in this paper form is to establish a Human Resources Information System (HRIS) for health and use it to provide better support to the health employees and improve effectiveness of health programmes in the State. Kindly ensure that information shared in this form is correct.

SECTION 1: EMPLOYEE DETAILS

A. Personal Details:

Title (Mr./ Ms/ Mrs. / Dr.):	**First Name:**	**Middle Name:**	**Surname:**

Seniority Number (For Regular Employee Only) : **Year:**	**GPF/CPF No.** (For Regular Employee Only):

Nationality(specify):	**Religion :**
Date of Birth *(dd/mm/yyyy)*:	**Gender (check *one* box):** □ Female □ Male
Handicap: (check *one* box): □Yes □No	
Marital Status (check *one* box): □ Single □ Married	**Number of Dependents (Govt. approved):**
Blood Group(specify):	**Identification Mark(specify)::**
Category (check *one* box): □ General □BC □EBC □SC □ST □ Other (specify)	

B. Permanent Residence:

Village/Mohalla-	**Thana-**
Block-	**District-**
State-	**PIN Code :**

C. Guardian Details

Father's Full Name (First, Middle, Surname):

Mother's Full Name (First, Middle, Surname):

Husband's/Wife's Full Name (First, Middle, Surname):

Is your husband/wife a regular employee of Bihar Government? (check *one* box): □ Yes □ No

If your husband/wife is a regular employee of Bihar Government, please mention the name of Current Posting facility/department (with block and district):

Is he/she a regular doctor? (check *one* box): □ Yes □ No

D. Work Contact Details

Postal Address for Correspondence :

Office Phone (Landline with STD Code):	**Fax No.:**
Mobile phone No (Self):	**Email Id (Self-If any.):**

E. Identification (check *one* box; For Contractual Employee Only)

□ Driving License License No.	□ Voter ID Card ID Card No.	□ Ration Card Ration Card No.	□ Other (please specify): Id. No.

F. Nominee Details (For Regular Employee Only)	
Full Name (First, Middle, Surname):	**Date of Birth** *(dd/mm/yyyy)*:
Relationship (check *one* box): □ Father □ Mother □ Husband □ Wife □ Son □ Daughter □ Others (please specify)	

SECTION 2: POSITION INFORMATION			
Current Designation			
Current Posting Date *(dd/mm/yyyy):*	**Current Salary:**	**Current Pay Scale/ Grade Pay** (specify):	
Government Order Details	Order Date (dd/mm/yyyy):	Order No.:	
	Order Issuing Dept/Unit Name:		
Current Posting Dept. /Unit/Facility Name (Including Block & District)			
Current Posting Dept. / Unit/ Facility Type (check *one* box) □ HSC □ APHC □ PHC □ RH □FRU □ Sub-Divisional Hospital □ District Hospital □ CS Office □ DHS □ RMPU □ RDD Office □ Medical College & Hospital □ SHSB □ Health Deptt. (Secretariat) □Directorate of Health □ Directorate of Ayush □ Medical Education □ Other (specify):			
Designation Grade (check *one* box) □ Grade 1 □ Grade II □ Grade III □ Grade IV □ Grade V			
Nature of Employment (check *one* box): □ Regular Staff □ Contract Staff			
Appointment Details - For Regular Employee (as applicable):			
Ad-hoc Appointment Date (dd/mm/yyyy): Regular Appointment/Regularisation Date (dd/mm/yyyy): Designation on Appointment: Appointment Confirmation Date (dd/mm/yyyy): Appointment Confirmation Order Number & Date (dd/mm/yyyy):			

SECTION 3: DEPUTATION INFORMATION (For Regular Employee Only)		
Are you on deputation to the current health facility/department? (check *one* box) □ **Yes** □ **No** **If Yes, please provide the following information:**		
Government Order Details	Date (dd/mm/yyyy):	Order No.:
	Order Issuing Government Dept/Unit Name:	
Name of Dept./Unit/Facility Deputed From (including block and district): **Deputation Date** (dd/mm/yyyy): **Designation (at the Dept./Unit/Facility Deputed From)**:		
Dept./Unit/Facility (Deputed From) Type (check *one* box) : □ HSC □ APHC □ PHC □ RH □ FRU □ Sub-Divisional Hospital □ District Hospital □ CS Office □ DHS □ RMPU □ RDD Office □ Medical College & Hospital □ SHSB □ Health Dept. (Secretariat) □ Directorate of Health □ Directorate of Ayush □ Medical Education □ Other (specify):		

SECTION 4: POSTING & PROMOTION DETAILS (For Regular Employee Only)

Please start with **FIRST POSTING** and mention **Till Date**. Kindly also include period under **'Waiting for Posting', 'Leave/Absence' & 'Suspension'** and write **'Waiting for Posting', 'Leave/Absence' or 'Suspension' in the Posting Facility/Department column if applicable.**

Sl. No.	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Posting Dept./Unit/ Name & Type (e.g. Rampur PHC)	Posting Block & District	Designation	Government Order No. & Date (dd/mm/yyyy)	Reason for Change (select one option: Transfer/Promotion/ Promotion & Transfer/Deputation/ None)

SECTION 5: EDUCATIONAL DETAILS

Qualification/ Speciality	Write/Check	Institute Name	Board/University Name	Institute Address (including district, state and country name)	Completion Year
Highest Educational Qualification	**Check *one* box:** □ Primary □ Middle □ High School □ Intermediate (10+2) □ Diploma □ Post Graduate Diploma □ Graduate □ Post Graduate □ Ph.D. □ No Formal Education □ Other (specify)				
Highest Professional Qualification [Please enclose copy of certificate/ degree]	**Check *appropriate* box (es):** □ MBBS □ MD □ MS □ DM □ MCH □ BAMS □ BHMS □ BUMS □ MSc Nursing□ BSc Nursing□ GNM □ ANM □ LLB □ LLM □ B.Tech □ M.Tech □ MBA □ MCA □ CA □ Other (specify)				
Speciality [for doctors and nurses only; Please enclose copy of certificate/ degree]	**Write Speciality Name (s):**				

Section:6 TRAINING HISTORY INFORMATION						
Sl. No.	**Training Name**	**Duration in Days**	**Year of Training**	**Sponsored by**	**Subject / Theme** *E.g. ARSH, CBHI, CH, CME, Ethics and Value in Administration, FP, Filaria, HIV, HMIS, IEC/BCC, Immunisation, Malaria, MCH, MMJSY, National Programme etc.*	**Level of Training** *E.g. Block, District, State, National or International*

Declaration: I certify that the information provided in this form is true to the best of my knowledge.

Date: **Signature:**

Place: **Name:**