

 **HR Performance Management System (HR-PMS)**

PP Photo

**Personal Information Collection Form**

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**Strengthening of the Ministry of Disaster Management and Relief Program Administration (SMoDMRPA) Project**

**Department of Disaster Management (DDM)**

**Ministry of Disaster Management and Relief (MoDMR)**

**Employee Name:** ………………………………………………………………………………

**Designation:** .…………………...……………………………………………………………...

**Organization:** .….……………………………………………………………………………...

**ID No:** .…………………………………………………………………………………………

**Mobile Number:** ………………………………………………………………………………

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| **Personal Information** |
| Employee Id |  |
| Employee Name (English) |  |
| Employee Name (Bangla) |  |
| Father’s Name (English) |  |
| Father’s Name (Bangla) |  |
| Mother’s Name (English) |  |
| Mother’s Name (Bangla) |  |
| Nationality |  |
| National ID |  |
| Birth Registration No. (If available). |  |
| GPF Nominee Name |  |  |  |
| GPF A/C No |  | Physical Disability(√) | Yes / No |
| Date of Birth |  | Gender (√) | Male/Female/Other |
| Place of Birth |  | Marital Status(√) | Married/Unmarried/Widow |
| Religion |  | Employee Type(√) | Permanent / Contractual |
| eTIN No |  | Date of Retirement |  |
| PRL Start Date |  | PRL End Date |  |
| Blood Group |  | Freedom Fighter(√) | Yes / No |
| Freedom Fighter No. |  | Current Designation |  |
| Telephone(Office) |  | Mobile No (Office) |  |
| Telephone(Res.) |  | Mobile No(Personal) |  |
| Email (Office) |  | Email (Personal) |  |
| Home District |  | Date of Joining in Govt. Service |  |
| Date of Confirmation |  | Date of Regularity  |  |
| Date of Joining in Present Work Station |  | Joining Designation |  |
| Nature of Recruitment(√) | Direct/Absorved | Seniority Serial No |  |
| Division/Section/Branch of Employee: |  | Special Skill |  |

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| **Address Information \*** |
| **Present Address** | **Permanent Address (Same as Present Address (√) Yes / No** |
| House No./Village Name |  | House No./Village Name |  |
| Road No |  | Road No |  |
| Block/Sector |  | Block/Sector |  |
| Post Code |  | Post Code |  |
| Post Office |  | Post Office |  |
| Upazilla/Thana |  | Upazilla/Thana |  |
| District |  | District |  |
| Division |  | Division |  |

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| **Education (Please write the latest degree first)\*** |
| Level of Education |  | Certificate/Degree |  |
| Group/Subject |  | Board/University |  |
| Result/Grade |  | Passing Year |  |
| Institution |  |  |  |

\*For multiple education entry, please copy this table and write multiple education information. If board then tick and type the name of board, for university tick and write the name of the university.

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| **Spouse Info (If applicable)\*** |
| Spouse Name (English) |  |
| Spouse’s Name (Bangla) |  |
| Home District |  | Email |  |
| Date of Birth |  | Occupation |  |
| Gender |  | NID |  |
| Phone Number |  | Blood Group |  |

\*For multiple Spouse entry, please copy this table and write multiple spouse information

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| **Children Info (If applicable)\*** |
| Children Name (English) |  |
| Children’s Name (Bangla) |  |
| Date Of Birth |  | Gender |  |
| NID |  | Birth Registration No. |  |
| Occupation |  | Blood Group |  |
| Disability Status(√) |  Yes / No |

\*For multiple Children entry, please copy this table and write multiple Children information

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| **Language Information (Please write multiple if required)\*** |
| Language |  | Proficiency(√) | Reading/Writing/Speaking |

\*For multiple Language entry, please copy this table and write multiple Language information. For multiple proficiency please tick as required, you may select all.

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| **Award Information (Please write multiple if required)\*** |
| Award Name |  | Event |  | Date |  |

\*For multiple Award entry, please copy this table and write multiple Award information

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| **Publication Info (Please write multiple if required)\*** |
| Type |  | Publication Name/Title |  | Date |  | Place and Media of Publication |  |

\*For multiple Publication entry, please copy this table and write multiple Publication information

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| **Disciplinary Action** |
| Offence Category(√) | Misconduct/ Desertion/Corruption | Nature of Punishment(√) | Major / Minor |
| GO No |  | GO Date |  |
| Effective From (Date) |  | Effective To (Date) |  |
| Remarks |  |

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| **ACR Information \*** |
| Year |  | Score |  |
| Start Date |  | End Date |  |
| Initiating Officer Name |  | Counter Signatory Name |  |
| Initiating Officer Designation |  | Counter Signatory Designation |  |
| Adverse Comment (√) | YES/NO | Remarks(if any) |  |

\*For multiple ACR entry, please copy this table and fill-up multiple ACR information

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| **Passport Information\*** |
| Passport Number |  | Place of Issue |  |
| Date of Issue |  | Date of Expiry |  |

\*For multiple Passport entry, please copy this table and write multiple Passport information

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| **Foreign Travel Information (Please write latest travel info first)\*** |
| Tour Type |  | Title of Training/Seminar  |  |
| Location |  | Country |  |
| Sponsoring Agency |  | Start date  |  |
| End Date |  | GO Number |  |
| GO Date |  | Remarks (if any) |  |

\*For multiple Travel entry, please copy this table and write multiple Travel information

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| **Driving License Information** |
| License Category (√) | Light/Medium/Heavy | License Number |  |
| Place of Issue  |  | Date of Issue  |  |
| Date of Expiry |  |  |  |

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| **Service History (Please write the latest service info first)\*** |
| Designation |  | Work Station |  |
| From (Date) |  | To (Date) |  |
| Grade |  | Remarks (If any) |  |

\*For multiple service entry, please copy this table and write multiple service history information

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| **Promotion (Please write latest promotion first)\*** |
| Designation  |  | Date of Promotion |  |
| Grade |  | GO Number |  |
| GO Date |  | Remarks |  |

\*For multiple promotion entry, please copy this table and write multiple promotion information

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| **Local Training (Please write the latest trainings first)\*** |
| Type |  | Title  |  |
| Institution |  | From (Date) |  |
| To (Date) |  | Remarks |  |

\*For multiple training entry, please copy this table and write multiple training information

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| **Bank/iBAS Information** |
| Bank Name |  | Branch Name |  |
| Account No |  | iBAS Activated(√) | Yes/No |

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| **Leave Log** |
| Type |  | Purpose |  |
| From Date |  | To Date |  |

\*For multiple training entry, please copy this table and write multiple training information

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(Employee Signature & Date) (Approve By &Date)

Name: Name:

Designation: Designation:

Organization: Organization: