

JHARPIS

Operational Guidelines & Entry Performa

JHARPIS is an Internet based MIS software developed by National Informatics Centre (NIC), Jharkhand for storing, retrieving, MIS report generation etc. for government employee details and which can be accessed from any browser like Internet Explorer etc. by giving address <http://jharkhand.gov.in/jharpis> The software is role based like **admin**, **office head** and **operator**. Each user can login by entering assigned User id & Password and security code which is displayed. The software will automatically present the menu (dashboard) as per the role of the user. Each department must have all the three roles, each protected by password. **A department will have only one Admin user, for which userid & password has already been created and communicated during the JHARPIS training.** The admin role users are strictly advised to change their password on first login.

Important steps for operating the PIS Software

Master File Creation :

STEP 1:

Admin users must create all the **offices** of their department

STEP 2 :

Admin user must create the **designation** list of their department

STEP 3:

Admin user must create all the **cadres** of their department.

Role based User Creation :

STEP 4:

Admin user must create only one **office head** user for each offices of the department.

STEP 5:

Each **office head** user must create 1,2 or 3 **operator(s)** user for each offices of the department who will actually do Data Entry job.

Data Entry :

STEP 6:-

Operator user can enter or update employee details as per the forms given in the menu.

Operator can upload Photograph of each employee (max size 10 KB) having extension JPG or JPEG only

Form Locking :

STEP 7:-

Admin or Office Head user can lock the employee form(s) after verification of the entered data.(Once a form is locked its data cannot be changed. To change the data the form must be unlocked).

Change Password:

STEP 8:-

All levels of user are strictly advised to change their password on first login. (If a user forgets its password then only their **office head** or **admin**, as the case may be, can regenerate new password.)

JHAR PIS
PERSONNEL INFORMATION SYSTEM

Employee General Information

1.Department: 2.Office:.....

Personal Information

3.GPF/CPF Number(*) : 4.Name(*):.....

5.Name of Father/Husband(*) : 6.Date of Birth(*):

7.Status: Active Expired Retired (Tick any one of the following)

8.Category(*): BC-1 General OBC SC BC ST (Tick any one of the following)

9.Religion: Buddhist Christian Hindu Muslim Sikh Sarna (Tick any one of the following)

10. Marital Status: Unmarried Married Widow Widower (Tick any one of the following)

11.Gender: Male Female 12. Disability Status: Yes NO

12.PAN No.:

13.Blood Group :A(+ve) A(-ve) B(+ve) B(-ve) AB(+ve) AB(-ve) O(+ve) O(-ve)

14.Identification Mark:

15.Contact No.: 16.E-mail ID :

Correspondence Address

17.House No./Locality: 18.City / Town / Village :.....

19.Post Office: 20.District :.....

21.PinCode : 22.State :.....

Permanent Address

23.House No./Locality: 24.City/Town / Village :

25.Post Office : 26.District :.....

27.PinCode : 28.State :.....

Appointment Status (Details At the Time of Appointment)

29.Pay Commission: 30.Grade Pay /Basic Pay :(if applicable)

31. Pay Scale(*) : 32.Cadre :

33.Appointment Mode(*): Commission Compassionate Others (Tick any ONE)

34. Name of Appointing Authority :

35. Name of Parrent Department :

36.Designation :

37.Appointment Order no & Date :/.....

38. Joining Order no & Date :/..... 39.Date of Joining :.....

40.Confirmation Order no & Date :/..... 41. Date of Confirmation:.....

42.Seniority/Gradation No.....of Bihar Jharkhand

43. Seniority Notification/Order No..... & Date.....

Technical Efficiency

44.Computer Training: Yes No 45.Computer Typing(Eng) : Yes No

46.Shorthand (Eng) : Yes No 47.Computer Typing(Hindi): Yes No

48.Shorthand (Hindi) : Yes No

49.Regional Language Known other than(Eng&Hindi) : (a).....(b).....(c).....

Note: Marks with(*) fields are Mandatory and fill all applicable columns.

(Submit Your Passport Size Color Photograph)

Signature of the Employee with Date

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PERSONNEL INFORMATION SYSTEM

Employee's Dependent Information

1.Department :

2.Office :

3.GPF No. :

4.Name :

5.Dependent's Details:

Sl.No.	Dependent's Name	Dependent 's Date of Birth	Dependent's Gender	Relationship (with Employee)

Signature of the Employee with Date

JHAR PIS
PERSONNEL INFORMATION SYSTEM

Employee Exam Passed

1.Department :
2.Office :
3.GPF No. : 4.Name:

5.Exam Type : Departmental

Sl.No.	Exam Name	Passing Year	Letter No. & Date	Duration	
				Year	Month

5.Exam Type : Professional

Sl.No.	Exam Name	Passing Year	Letter No. & Date	Duration	
				Year	Month

5.Exam Type : Training

Sl.No.	Exam Name	Passing Year	Letter No. & Date	Duration	
				Year	Month

Signature of the Employee with Date

JHAR PIS
PERSONNEL INFORMATION SYSTEM

Employee Posting Details Up to Present

1.Department : 2.Office :

3.GPF No : 4.Employee Name:

4.Posting & Deputation Details:

Sl.No.	Notification No.	Notification Date	Departmental Posting or Deputation	Period		Designation		Office		Department (if Deputation)	
				Date(From)	Date(To)	From	To	From	To	From	To

(After filling of this Form You must Tick (√) any one Which is Your Current Posting)

Signature of the Employee with Date

JHAR PIS
PERSONNEL INFORMATION SYSTEM

Employee Retirement Benefit Details

1.Department : 2.Office :

3.GPF No. : 4.Name :

5.Pension : : Provisional Final

Order No. : Date :(dd/mm/yyyy).PPO No.:

Amount.....

6.Gratuity : : Provisional Final

Order No. : Date : (dd/mm/yyyy). PPO No.:

Amount.....

7.Leave :Encashment

Order No. : Date : (dd/mm/yyyy). Amount.:

8.Group : Insurance

Order No. : Date : (dd/mm/yyyy). Amount.:

9.GPF Payment

Order No. : Date : (dd/mm/yyyy). Amount.:

***** (Submit Joint Color Photograph with Your Spouse)**

Declaration

I certify that the above information given by me is correct and true to the best of my knowledge and belief. I shall be held fully responsible in future if any information is found to be incorrect /incomplete or false.

Counter signed by (With Date)

Signature of the Employee (With Date)

Name of Office Head:

Name:

Designation:

Designation: