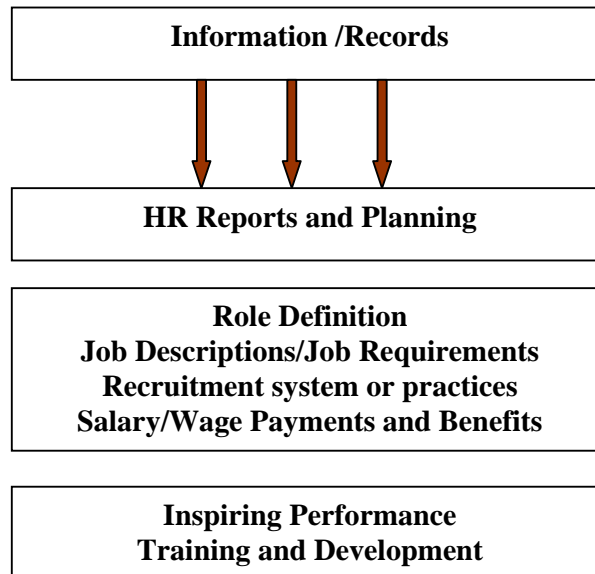


Standardized Personnel Management Procedures

The hospitals agreed upon the following as important aspect in personnel management practices.



APPLICATION FORMAT

Hospital Name

Name: _____ **Gender:** M ___ F ___

Date of Birth: _____

Father's / Spouse Name: _____

Marital Status: Married ___ Single ___

Permanent Address: _____

Address For Communication: _____

Education Details (Degree, Diploma, Certificate, etc.):

Qualification	School / College Studied	Year Of Passing	Percentage Of Marks

Seminars and Courses Completed:

Work History (Most Recent First):

Titles/Designation	Tasks / Responsibilities	Employer / Institution last served	From – To	Last Salary

Why are you Interested in this Job/Organization?

Declaration

I hereby declare that all the above particulars mentioned are true to the best of my knowledge.

Date:

Signature

Reports To Be Generated For HR Planning

❖ **Manpower Planning**

Position/Job	Now		Next Year								2 - 3 Years	
			I Qtr.		II Qtr.		III Qtr.		IV Qtr.			
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Clinical												
Non-clinical												

❖ **Turnover (Past Year)**

Position/Job	Name	Reason for leaving
Clinical		
Non-clinical		

❖ **Turnover (Historic / Cummulative)**

Position/Job	Name	Reason for leaving
Clinical		
Non-clinical		

❖ **Wages and Salary**

Position/Job	Rupees per month	Other Benefits/Perks
Clinical		
Non-clinical		

Role Definition/Job description

- **Role / Title:**

- **Reports To:**

- **Prime Job:**

- **Role Objectives:**

- **Key Tasks:**

PERFORMANCE / DEVELOPMENT

(Annual Form)

Note: For purposes of this form obtain feedback from, not only the immediate superior, but also the appraisee and his/her co-workers and subordinates.

❖ **WHAT WENT WELL (LAST YEAR)?**

Objectives / Goals Met:

Behaviors (Relations/Teamwork):

❖ **IMPROVEMENT GOALS (NEXT YEAR)?**

Objectives / Goals Met:

Behaviors (Relations/Teamwork):

Signatures


Immediate Superior:

Staff:

Date:

Employee Record

Hospital Name

		E.No. <input type="text"/>	
Name: _____			
Father's / Spouse Name: _____			
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Present Address:		Permanent Address:	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Phone No., If any	:		
Employment Details	:		
Date of Joining	:		
Period of Probation	:		
Date of Confirmation	:		
Date of Leaving	:		
P.F. No.	:		
Signature of the employee		Signature of the Administrator	

Salary Details

Period	Present Salary					Total
	Scale	Basic Pay	D.A			

Leave Details

Period	Opening			Availed			Encashed		Balance	
	CL	PL	SL	CL	PL	SL	PL	SL	PL	SL

Training Record: Courses/Seminars Completed

	Name of Course/Seminar	Date Completed
<ul style="list-style-type: none"> • At (Name of the hospital) • Previous Employer (s) • Other 		