

**National Health Mission**  
**Department of Medical, Health & Family Welfare**  
**Government of Rajasthan**

**Web Address: <http://chrisnrhm.org>**  
**CHRIS (Computerized Human Resource Information System) Format**  
**(Information should be in BLOCK LETTERS)**

Basic Information					
Employee ID	(Generated by Software)	Employee Type	Contractual		Paste Your Color Photo Graph Here
Employee Name		Work Institute Name			
Programme Name	Other than NHM	Sub-Programme	Other than NHM		
District / Zone		Designation			
Work Institute Type		Location			
Physical Handicap		Date of birth	(DD.MM.YYYY)		
Gender		Category :			Male- Right Thumb Female- Left Thumb Impression
Mobile No.		Email ID			
Training Details					
Family Details					
Father's Name		Mother's Name		No. of Brother(s)	
No. of Sister(s)		Marital Status		Date of Marriage	(DD.MM.YYYY)
Spouse Name		No. of Male Child		No. of Female Child	
Phone No.		Mobile No.		Name of Contact Person (to be contacted in emergency )	
Relation with contact person		Phone No. of contact person		Mobile No. of contact person	
Permanent Address			Current Address		
Address Line-1			Address Line-1		
Address ine-2			Address Line-2		
State			State		
District			District		
Pin Code			Pin Code		
Education/ Qualification Details					
Class	Subject/Degree			Passing Year	
12th					
Diploma					
Bachelor Degree					
Master Degree					
P.G. Diploma					
PHD					
Document Details					
Blood Group		Adhaar Card No		PAN No.	
D. License No.		Bank Name		Branch Name	
A/C Number		IFSC code			
Contract Details					
Salary on Joining		Salary on April 2010		Salary on April 2011	
Salary on April 2012		Salary on April 2013		Salary on April 2014	
Salary on April 2015		Salary on April 2016		Salary on April 2017	
Salary on April 2018					
Date of Joining		Any Other Details			