

MIT**Academy of
Engineering**

(An Autonomous Institute affiliated to Savitribai Phule Pune University)

“MIT Academy of Engineering Digital Campus”**Human Resource Management System (HRMS)****Registration Form Guidelines**

Visit: www.mitaoe.edu.in select HRMS Button & Login to the system with credentials provided. **Verify Name** at **Right Top Corner** and immediately **change your password**. Navigate to **“Employee”**, and then click on **“Employee Registration”**. You can edit your details anytime & from anywhere.

Personal Information		
Title*:	Prefix: If any	
First Name*:	Middle Name :	Last Name*:
Official Name*: (To be used on official Documents) (Note: We will use this name on all Documents)		
Father Name*: Full Name		Mother Name*: Full Name
Marital Status*:		
Spouse Name: Full Name		Ward Name: Full Name(Multiple Ward Name can be added)
Photo*(Note-Max size of file should not exceed than 01 Mb and file type is JPG or PNG)* Upload neat and clear passport size photo with plain background only.		
Gender*:	Date of Birth*:	
Is Physically Handicapped*:	Birth Mark*:	
Place of Birth *:	Nationality *: Add as Indian	
Religion*:	Category*:	
Caste*:	Sub Caste:	
Contact Details		

Mobile Number*:		Alternate Mobile Number: (If any)	
Residential Phone Number:		Fax Number: 02030253799	
Landline Number:			
Institute Extension No*:(if employee has not their own extension number then they must add department extension number)			
Next Of Kin Number*: (Emergency Contact number)			
Institute Email Address: Email address which you preferred to get communicated (Optional field only for some supporting staff like peon, gardener, watchman, sweeper, and turner)			
Email Address: Personal email address (Optional field only for some supporting staff like peon, gardener, watchman, sweeper, and turner) (Note: Do not provide college Email Address)			
Correspondence Address: (Present Address)			
Address Line1*:		Address Line2*:	
Country*:		State*:	
District*:	Taluka*:	City*:	Pincode*:
Permanent Address(if correspondence address is similar to permanent address then select check box of same as above)			
Address Line1*:		Address Line2*:	
Country*:		State*:	
District*:	Taluka*:	City*:	Pincode*:
Teaching Philosophy: (For Teaching Faculty)		ICT Used Tools: (For Teaching Faculty like Moodle, Classroom, etc.)	

Educational Details: (Start from SSC onwards)-Using action + add next educational details			
Qualification Level*: Employee whose qualification is below 10 they should select 10th only. Those who are ITI must select "10+2" & insert in Degree as "ITI".			
Degree*: Employee whose qualification is below 10 they should write their respective class of passing			
Institute Name*:(School/College name)		University Name*:(University or Board Name)	
Start Date*:		Completed On *: Mentioned on respective mark sheet /certificate	
Grade/Percentage*:	Area of Specialization:	Class:	
Certification Details: (If any) Like Oracle, Microsoft, RED Hat, IBM, NPTEL, Coursera etc.			

Certification: (Name of Certification)		Institute Name:	
Granted On:		Valid Thru: (If no expiry then leave blank)	
Certification Authority:	Certification number:	Certification URL: (Link to certificate)	
Document Details			
Aadhar Number*:		PAN Number*:	
Driving License Number: (If any)			
Upload all mandatory documents (Note-Max size of file should not exceed than 1mb and file type is JPG or PNG).			
Do you have Caste Validity *:			
University Approval Number:(If any)		Approval Type:(If any)	
Passport Number: (If any)		Valid Thru: (If any)	

Employment Information		
Employer History *:(Employee add more than one history Using + Sign)		
Employee must add past employer details to till present (Including MITAOE experience)		
Designation:	Organization:	Organization Name:
Location of Job:	Is Current Job?: (Select only if you are still doing job)	
From Date:	To Date:	Experience in years: (Auto Calculated)
MIT AOE Employment Details		
Working Department*:	Designation*:	
Exact Designation (for AICTE) *: (Provided to you by Institute)		
Employment Status *:	Appointment Type (Full Time/Part Time) *:	
Appointment Type *: (AICTE field)	Faculty Type: (Only for teaching faculty)	
Program*: Default Value		
Course: Mandatory For employees those who are working in academic department. (Civil, Chemical, Computer, ETX, ENTC, Mechanical , IT)		
Faculty Shift*: Default value	Date of joining *:	
Confirmation Date: (Confirm with HR)	Order Expiry: (Confirm with HR)	
Technical Staff Relieved Date:	Faculty Relieved Date:	

Experience in MITAOE*: (Auto Calculated)				
Portfolio:				
Title:	Level:	Description:	From:	To:
*(Employee add more than one Portfolio using + Sign)				
AICTE Experience Details				
Teaching Experience in Years: Auto calculated				
Research Experience in Years: Auto calculated				
Industry Experience in Years: Auto calculated				
Any Other Experience in Year: Auto calculated				
Total Work Experience in Years: Auto calculated from employment history				
First Year Teacher?:				
First Year /Common Subject Teacher?:				
Appointment approved by University?:				
Enrolment ID: (Enrollment ID provided by respective Department (AICTE enrolment number))				
Appointment Approved by Govt.?:				
Is Duplicate? *: Everyone should select NO				
Left Institute? *: Everyone should select NO				
Have You worked in other Country?:				
Salary Account Details				
Bank Name*:		Account Number*:		
Branch Name*:		IFS Code*:		
Salary Type*: Salary slip details/Account Department		Pay Scale*:		
Salary mode*:		Basic Pay*:		
DA%*: (In Percentage)		HRA*:		
TA*: Salary slip details /Account Department		AGP*: Salary slip details/Account Department		
CLA*: Salary slip details /Account Department		Other Allowance*: Salary slip details/Account Department		
Gross Pay per Month*: Salary slip detail/Account Department				
Total Gross Sal for Last year*: Salary slip of last financial year details				

Total Tax Paid for Last year*: Form 16 of last year		
PF Number*: Salary slip details	UAN Number*: UAN sheet details will be provided in respective department	
Medical Information		
Dependent for Medi claim*: 1. Father 2. Mother 3. Spouse 4. Number of Child (Select options)		
Blood Group *:	Height (in cms) *:	Weight (in kg) *:
Known allergies*: (If any otherwise specify "NA")		
Any Other Medical Problem*: (If any otherwise specify "NA")		

Research Information			
(Mandatory for teaching employees and optional for non-teaching employees)			
*Employees can add more than one details using Action + Sign			
<u>Conference Proceeding Details:-</u>			
Level:	Conference Name:	Place of Conference:	Date:
Authors: (Press enter to add multiple Authors)		Author Affiliation: (Press enter to add multiple Authors)	
Title of Paper:	Journal Name:	ISBN / ISSN Number:	Publication Date:
Link (URL):	Page Number:	Publisher:	Volume:
<u>Journal Publication Details:-</u>			
Publisher:		Journal Name:	
Impact Factor:	Volume:	Issue Number:	ISSN/ISBN Number:
Title of Paper:	Author: (Press enter to add multiple Authors)	Author Affiliation: (Press enter to add multiple Authors)	
Page Number:	Publication Date:	DOI Number:	
H -index:	I-Index:	No. of Citation:	Link (URL):
<u>Patent Details:-</u>			
Patent Number:		File Number:	
Publication Number:		Technical Report Number:	

Authors: (Press enter to add multiple Authors)		Author Affiliation: (Press enter to add multiple Authors)	
Level:		Patent Status:	
<u>Projects Details:-</u>			
Funding Agency:		Project Title:	Organization:
Principal Investigator (PI):		Co-Principal Investigator (Co-PI):	
Amount Funded:		Duration of Project:	
Start Date:	End Date:		Status:
<u>Member of Professional Bodies Details:-</u>			
Professional Body:	Membership Number:	Membership Type:	
<u>Reviewer of Journal Details:-</u>			
Journal ISSN/ISBN Number:	Impact Factor:	No. of Papers Reviewed:	
<u>Members of Editorial Board of Journal Details:-</u>			
Journal:	ISSN Number:	Impact Factor:	
<u>Number of sessions chaired in Conference Details:-</u>			
Name of Conference:	Date of Conference:	Organizer:	
<u>Invited Talks / Guest lectures Details:-</u>			
Name of the Organization:	Date:	Topic:	
<u>Book Publication Details:-</u>			
Name of Book:	Author: (Press enter to add multiple Authors)	Title of Book:	
Publisher Level:		ISBN Number:	
<u>Book Chapter Published Details:-</u>			
Name of Book:		Author: (Press enter to add multiple Authors)	
Title of Book:			
Publisher:	Editors:	Level:	ISBN Number:
Page Number:			
<u>Awards Details:-</u>			
Organization:	Year of Award:	Name of Award:	Level:
<u>Foreign Visit Details:-</u>			
Country:	Purpose:	Description:	

<u>Industrial Training Details:-</u>			
Industry:	Location:	Duration:	Topic of Training:
<u>Consultancy Given Details:-</u>			
Organization:	Type of Consultation:	Finance Details:	Year:
<u>Course/Event Organized Details:-</u>			
Event:	Level:	Type:	
Duration:	From Date:	To Date:	
Location:	Resource Person:	Is Event Funded?:	
Source of Funding:	Funds Sanctioned:	Role:	
<u>Course/Event Attended Details:-</u>			
Event:	Level:	Medium:	
Type:	Duration:	Organized by:	
Location:	From Date:	To Date:	Role:
<u>Other Details:-</u>			
No. of Conferences Organized:			
No. of Workshops Organized:			
No. of Papers Presented in Conference:			
No. of Conference/ FDP / SDP / Guest Lecture / Tech Talk / CEP / STTP /Workshop Organized:			
Total number of Project guided	PhD:	PG:	UG:
Interaction with Professional Institute/Industry(MoU):			
Ph.D. guide give field and university	Field:	University:	