

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details		1025			
Service	CSS	Cadre	Sub Cadre	Id No.	will be alerted by Division,LNB
		Group B MINISTERIAL			
Select List Year (Allot Year)					

## Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr. <input type="checkbox"/>	MADAN	SINGH		MS	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	15-07-1957	Date of Retirement	31-07-2017
Community	General <input type="checkbox"/>	Religion	Hindu		
Father's Name	LATE SHRI NARAYAN SINGH				

## Birth Details

Birth Place	POKHRI	Birth State/UT	Uttarakhand <input type="checkbox"/>	Nationality	INDIAN
Birth District	PAURI GARHWAL	Mother Tongue	HINDI		
Domicile	Uttarakhand <input type="checkbox"/>	Physically Handicap Status			
Blood Group	A +ve <input type="checkbox"/>	Identification Marks	MOLE ON FOREHEAD		

## Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	UMA RANI
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	Assistant <input type="checkbox"/>	Joining Date	06-03-1981	Retirement Details	15-07-2017
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## Departmental Examination Details

	Level	Year	Rank
1	<input type="checkbox"/>		
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		

marks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	HINDI	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	ENGLISH	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Limited <input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	
	2		<input type="checkbox"/>	<input type="checkbox"/>	
	3		<input type="checkbox"/>	<input type="checkbox"/>	

**Address Details**

Permanant Address	VILLAGE-POKHARI PATTI-KATOOLSUN	City	PAURI	
	State/UT	Uttarakhand <input type="checkbox"/>	Pin Code	
Present Contact Address	CG-01 NIH STAFF COLONY, HARIDWAR RD.	City	ROORKEE	
	State/UT	Uttarakhand <input type="checkbox"/>	Pin Code	247667
	Phone (Off)	01332249296	Fax.	
	Phone(Res)		Mob No	8979029715
	E-Mail (Mandatory)	madansinghnih@gmail.com		

**Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)**

Qualification		Discipline		Specialization 1
INTER		ART		
Year	Division	CGPA	Specialization 2	
1977	Ind			
Institution		University	Place	Country
MESMORE INTER COLLEGE			PAURI	INDIA

**Experience**

Type of Posting		Level		
		<input type="checkbox"/>		
Designation		Present Position		
		Regular		
Ministry		Department		
MOWR		NIH		
Office		Place		
		ROORKEE		
Experience Subject		Period of Posting		
Major	Minor	From	To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

**Training**

Training Year	Training Name		Training Subject		
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	( in Weeks)	<input type="radio"/> Qualified <input type="radio"/> Not Qualified	

**Awards/Publications**

Type of Activity :			<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject		Activity Title
Day	Month	Year	Activity Description/Remarks	Level

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : 27/12/2015 Place : Roorkee

Information checked and verified - by

*Madan Singh*

Signature of Officer

Section Officer	<i>h</i>	Ministry/Department	NIH		
E-mail Id	soadmn@nih.ernet.in	Room No.	211	Building Name :	Admn.
Phone No.	249258	Wing No.			