

प्रशा.अनु.रा.ज.रा./Admn. Section, NIT  
 डायरी नं./Diary No...1369  
 दिनांक/Date...26/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details 1065

Service	CSS	Cadre	Sub Cadre	Id No.	will be allotted by CS Division, LNR
Select List Year (Allot Year)					

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	Rakesh		Kumar	R.K
CSL No./SCSL No. (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	17-2-1960	Date of Retirement
				28-2-2020
Community		Religion	Hindu	
Father's Name		Ram Charan		

Birth Details

Birth Place	Gram-Niwada	Birth State/UT	U.P	Nationality	Indian
Birth District	Bijnaur	Mother Tongue	Hindi		
Domicile	UTTARAKHAND	Physically Handicap Status	NO		
Blood Group		Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Resha Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Interview	Joining Date	2-5-1983	Retirement Details	28-02-2020
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
8th Passed			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation	Present Position		
	Mudh. Teacher Staff (Cleaning)		
Ministry	Department		
MOHR, RDES	N.I.H		
Office	Place		
Maintenance	Roorkee		
Experience Subject		Period of Posting	
Major	Minor	From	To
		2-5-1983	20-2-2020

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		Result
	From	To	<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	Level
Activity Description/Remarks			

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: 10/6/2015 Place: Roorkee  
 Information checked and verified - by

*[Signature]*  
 Signature of Officer

Section Officer	Ministry/Department		
E-mail Id	Room No.	Building Name :	
soadmn@nihernet.in	211		
Phone No.	Wing No.		
249258			

Remarks (if any)				
Language Known				
		Read	Write	Speak
Indian Languages Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address Details</b>				
Permanant Address		<input type="text"/>	City	<input type="text"/>
	State/UT	<input type="checkbox"/>	Pin Code	<input type="text"/>
Present Contact Address		<input type="text"/>	City	<input type="text"/>
	State/UT	<input type="checkbox"/>	Pin Code	<input type="text"/>
	Phone (Off)	<input type="text"/>	Fax.	<input type="text"/>
	Phone(Res)	<input type="text"/>	Mob No	<input type="text"/>
	E-Mail (Mandatory)	<input type="text"/>		