

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
						1084	

Select List Year (Allot Year)

111.111.111

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Dr	Vikas	Chandra	Goyal	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Sep/29/1962	Date of Retirement	
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Community

General

Religion

Hindu

Father's Name

SRI R C GOYAL

Birth Details

Birth Place	Agra	Birth State/UT	Uttar Pradesh	Nationality	Indian
Birth District		Mother Tongue			
Domicile		Physically Handicap Status			
Blood Group	B+	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Archana Goyal
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	Nov/14/1984	Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
			Read	Write	Speak
Indian Languages Known	1	Hindi	✓	✓	✓
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		170 Solani Puram		City	Roorkee
		State/UT	Uttarakhand	Pin Code	247,667
Present Contact Address		As above		City	
		State/UT		Pin Code	
		Phone (Off)	276,417	Fax	
		Phone(Res)	273,690	Mob No	
		E-Mail (Mandatory)	vcg@nih.ernet.in		

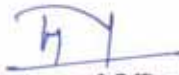
Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
PhD		Earth Sciences			
Year	Division	CGPA		Specialization 2	
1,993					
Institution		University	Place	Country	
		University of Roorkee	Roorkee	India	
Experience					
Type of Posting			Level		
CADRE					
Designation			Present Position		
			Scientist 'F'		
Ministry			Department		
			National Institute of Hydrology		
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 : 3-8-15 Place : Roorkee

Information checked and verified - by


Signature of Officer

Section Officer		Ministry/Department	
E-mail Id		Room No.	Building Name :
Phone No.		Wing No.	