

प्रशा.अनु.रा.ज.स./Admn. Section, NIH

हायरी नं./Diary No. 519

दिनांक/Date. 25/06/15

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details

NO. 1109

Service CSS Cadre

Sub  
CadreId No.  
1109will be allotted by CS  
Division, LNRSelect List Year (Allot  
Year)

## Name Details

Title

First Name

Middle Name

Sur Name



ADRESH

KUMAR

SHARMA

Initials

A.K.Sharma

CSL No./  
SCSL No: (if known)

Sex

 Male Female

Date of Birth

30.06.1957

Date of Retirement

30.06.2017

Community

Religion

Hindu

Father's Name

Late R. N. Sharma

## Birth Details

Birth Place

Moradabad

Birth State/UT

U. P.

Nationality

Indian

Birth District

Moradabad

Mother Tongue

Hindi

Domicile

Uttar Pradesh

Physically Handicap Status

Blood Group

A +ive

Identification Marks

cut mark on chest

## Marital Details

Marital Status

yes

Spouse Name

Kumar Mayank Sharma

Spouse Nationality

Indian

## Joining Details

Source of  
RecruitmentOpen  
SelectionJoining  
Date

11.06.1985

Retirement  
Details

30.06.2017

## Departmental Examination Details

Level

Year

Rank

1

Written Test &amp; Short hand

1985

2

Knowledge of CG rules &amp; short hand

1986

3

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
✓ M. A.		English			
Year	Division	CGPA		Specialization 2	
1990					
Institution		University		Place	Country
BSM(PG) College		Meerut University		Roorkee	India
Experience					
Type of Posting			Level		
Designation			Present Position		
Stenographer			Private Secretary		
Ministry			Department		
Office			Place		
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 : 25-6-2015 Place : Roorkee

Information checked and verified - by

A.K. Sharma  
Signature of Officer

Section Officer	by	Ministry/Department	N.I.H.
E-mail Id	soadmn@nih.emeb.in	Room No.	211
Phone No.	249258	Wing No.	
		Building Name :	



Remarks (if any)							
Language Known							
			Read	Write	Speak		
Indian Languages Known	1	Hindi	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	2	English	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	4		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	5		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Foreign Lang. Known	1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	2		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Address Details</b>							
Permanant Address		13, Adarsh Colony, Ashok Marg, Rawanagar, Roorkee		City		Roorkee	
		State/UT <input type="checkbox"/> Uttarakhand		Pin Code			
Present Contact Address		As above		City		Roorkee	
		State/UT <input type="checkbox"/>		Pin Code			
		Phone (Off)		Fax			
		Phone(Res)		Mob No		967 5379860	
		E-Mail (Mandatory)		aks.nih@gmail.com			