

प्रशा.अनु.राज.सं./Admn. Section, NIH

हाथरी नं./Diary No. 515

दिनांक/Date 25/06/15

## ER Sheet Data Entry Form

Basic Data										
Officer ID No. Details 1118										
Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNR			
							1118			
Select List Year (Allot Year)										
Name Details										
Title	First Name			Middle Name			Sur Name			
	YOGENDRA			KUMAR			SHARMA			
							Initials	YKS		
CSL No./		SCSL No: (if known)								
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	04/05/1959			Date of Retirement	May 2019		
Community				Religion			HINDU			
Father's Name		Late Shri SHIV DUTT SHARMA								
Birth Details										
Birth Place		ROORKEE		Birth State/UT		Uttarakhand		Nationality		Indian
Birth District		HARIDWAR		Mother Tongue			HINDI			
Domicile		Uttarakhand		Physically Handicap Status			X			
Blood Group		O+		Identification Marks			Right hand (black mark)			
Marital Details										
Marital Status		YES			Spouse Name			Smt USHA SHARMA		
Spouse Nationality		INDIAN								
Joining Details										
Source of Recruitment		By selection		Joining Date		16 Sep 1985		Retirement Details		May 2019
Departmental Examination Details										
Level			Year			Rank				
1										
2										
3										

Yogendra Kumar Sharma

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Smt. Usha Sharma

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
10th				
Year	Division	CGPA	Specialization 2	
1976				
Institution	University	Place	Country	
U.P. Board Allahabad			India	
Experience				
Type of Posting			Level	
GROUP - B <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Designation			Present Position	
Technician I <input checked="" type="checkbox"/>			Technician I <input checked="" type="checkbox"/>	
Ministry			Department	
M.O.W.R			NIH. ROORKEE	
Office			Place	
			ROORKEE	
Experience Subject			Period of Posting	
Major	Minor	From	To	
<input checked="" type="checkbox"/>		1982	Up to date	
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)	
<input checked="" type="checkbox"/>				
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
				<input checked="" type="checkbox"/>

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: 14 July 2015 Place: NIH. ROORKEE

Information checked and verified - by

Signature of Officer

Section Officer		Ministry/Department	NIH
E-mail Id	SOadm@nih.ernet.in	Room No.	211
Phone No.	249258	Wing No.	
		Building Name :	

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Yogendra Kumar Shrivastava

Remarks (if any)					
Language Known		Hindi, English			
		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"/>
	2	English	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	3	Punjabi	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	4	x	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	5	x	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Foreign Lang. Known	1	x	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2	x	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3	x	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Address Details</b>					
Permanant Address		231, Sat Mohalla	City	ROORKEE	
	State/UT	Uttarakhand <input checked="" type="checkbox"/>	Pin Code	247667	
Present Contact Address		231, Sat Mohalla	City	ROORKEE	
	State/UT	Uttarakhand <input checked="" type="checkbox"/>	Pin Code	247667	
	Phone (Off)	01332-249275	Fax.		
	Phone(Res)		Mob No	9997223524	
	E-Mail (Mandatory)	YKSharmah@ gmail. Com.			

Yogesh Kumar Shau