

प्रशा.अनु.सं.सं.सं./Admn. Section, NIH  
डायारी नं./Diary No. 466  
दिनांक/Date 12.06.15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Sub Cadre	Id No.	will be allotted by CS Division, LNR
				1145	

Select List Year (Allot Year)

Name Details

Title First Name Middle Name Sur Name

<input checked="" type="checkbox"/>	RAM	KUMAR	Initials	R
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CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	1-1-1964	Date of Retirement	31-12-2023
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Community	obc	Religion	Hindus
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Father's Name Late Sh. Amar Singh

Birth Details

Birth Place	Roorkee	Birth State/UT	Uttarakhand	Nationality	Indian
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Birth District	Haridwar	Mother Tongue	Hindi
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Domicile	Uttarakhand	Physically Handicap Status	
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Blood Group	+ve	Identification Marks	A cut mark of Rt. hand thumb
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Marital Details

Marital Status	Married	Spouse Name	Rakha Chaudhary
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	open recruitment	Joining Date	11-6-1986	Retirement Details	31-12-2023
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Smt. Madhu  
22/12/16

## Detail of deputation (if applicable)

Name of the office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From

## Detail of Foreign visit

Sl. No.	Place of visit	Date of visit	Post held at that time	Whether it is a personal or official visit	Detail of visit

## Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From
Guwahati		

for 2 months

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

Qualification		Discipline		Specialization 1	
B. Graduate		B.A.			
Year	Division	CGPA		Specialization 2	
1988	5th	42%			
Institution		University		Place	Country
Put		Meerut University		Meerut	India

**Experience**

Type of Posting		Level			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Designation		Present Position			
Steno grapher		P.A.			
Ministry		Department			
Min. of W.R.		National Institute of Hydrology			
Office		Place			
Documentation cell		Roorkee			
Experience Subject		Period of Posting			
Major	Minor	From	To		
Secretarial service	clerical	11-6-1986	continue		

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	

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: 17-6-2015 Place: Roorkee

Information checked and verified - by

Signature of Officer

Section Officer	<i>[Signature]</i>	Ministry/Department	NIH		
E-mail Id	so.admn@nih.ernet.in	Room No.	211	Building Name :	
Phone No.	249258	Wing No.			

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"/>
	2	Urdu	<input type="checkbox"/> <input type="checkbox"/>	<input 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"/>
	4		<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"/>
Foreign Lang. Known	1	English	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	2		<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"/>
<b>Address Details</b>					
Permanant Address		H.No. 970 - Purani Tehsil City		Roorkhee	
	State/UT	Uttarakhand <input checked="" type="checkbox"/>	Pin Code	247667	
Present Contact Address		H.No. 970 Purani Tehsil City		Roorkhee	
	State/UT	Uttarakhand <input checked="" type="checkbox"/>	Pin Code	247667	
	Phone (Off)	01332-249208, 266	Fax.	01332-275969	
	Phone(Res)	—	Mob No	9690785995	
	E-Mail (Mandatory)	jam.nik86@gmail.com			