

प्रशा.अनु.राज.सं./Admn. Section, NIH
 हाथरी नं./Diary No. 1362
 दिनांक/Date 26/06/15

ER Sheet Data Entry Form

Basic Data						
Officer ID No. Details 1167						
Service	CSS	Cadre	Technical	Sub Cadre	Group 'C'	Id No. 1167 will be allotted by CS Division, LNR
Select List Year (Allot Year)						
Name Details						
Title	First Name	Middle Name	Sur Name			
	VIRENDRA	PAL	SINGH			
Initials <i>V.S.</i>						
CSL No./SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	23.9.1960	Date of Retirement	30.9.2020
Community		Sikh	Religion		Sikh	
Father's Name LATE SH. DILRAGH SINGH						
Birth Details						
Birth Place		Pandi Govind GATA	Birth State/UT	Punjab	Nationality	INDIAN
Birth District		PUNJAB DISTT. PATIYALA	Mother Tongue		HINDI	
Domicile			Physically Handicap Status		NO	
Blood Group		O+	Identification Marks			
Marital Details						
Marital Status		MARRIED	Spouse Name		SMT. KUSHBIR Kaur	
Spouse Nationality		Indian				
Joining Details						
Source of Recruitment		INTERVIEW	Joining Date	27/3/1987	Retirement Details	30.9.2020
Departmental Examination Details						
	Level		Year		Rank	
1	/		/		/	
2	/		/		/	
3	/		/		/	

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

Qualification <u>8th Passout</u>		Discipline		Specialization 1	
<u>M.Tech. (Electrical Engg.)</u>				<u>ELECTRICAL</u>	
Year	Division	CGPA		Specialization 2	
Institution		University	Place	Country	
<u>WIREMAN</u>		<u>Chief electrical Inspector Lucknow</u>	<u>Lucknow</u>	<u>India</u>	
Experience <u>ELECTRICIAN & WIREMAN LICENCE U.P. Govt. Luck.</u>					
Type of Posting			Level		
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Designation <u>TECHNICAL</u>			Present Position <u>MTS-TECHNICAL</u>		
<u>CMTS-D-T</u>			<input checked="" type="checkbox"/>		
Ministry <u>MOHR</u>			Department <u>N.H. ROORKEE</u>		
<u>N.H. Roorkhee</u> Office <u>MAINTENANCE</u>			Place <u>ROORKEE</u>		
Experience Subject <u>Wire man</u>			Period of Posting		
Major		Minor	From	To	
			<u>27/3/1987</u>	<u>Till DATE</u>	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject

Training

Training Year		Training Name		Training Subject	
		<u>HINDI</u>		<u>X</u>	
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	Level
			<input checked="" type="checkbox"/>
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 of Officer

Section Officer	<u>[Signature]</u>	Ministry/Department	
E-mail Id	<u>soadmn@nhernet.in</u>	Room No.	<u>211</u>
Phone No.	<u>249258</u>	Wing No.	
Building Name :			

Remarks (if any)							
Language Known		HINDI					
		Read		Write		Speak	
Indian Languages Known	1	HINDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	ENGLISH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<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"/>
Foreign Lang. Known	1		<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"/>
	3	Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details							
Permanant Address		H.No- BF3 JALVIHAR COLONY HARIDWAR ROAD ROORKEE		City			
		State/UT		UTTRAKHAND <input checked="" type="checkbox"/>		Pin Code	
						247 667	
Present Contact Address		SAME AS Above		City		ROORKEE	
		State/UT		-do- <input checked="" type="checkbox"/>		Pin Code	
						-do-	
		Phone (Off)		01332249302		Fax.	
		Phone(Res)				Mob No	
						8126278149	
		E-Mail (Mandatory)					