

ER Sheet Data Entry Form

प्रशा.अनु.राज.सं./Admn. Section, NIH

Basic Data

हाथरी नं./Diary No. 447

Officer ID No. Details

दिनांक/Date..16.10.2018

Service	CSS	Cadre	Group B Ministerial	Sub Cadre	Id No. 1195	will be allotted by Division, LNB
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Select List Year (Allot
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	B.K.
<input type="checkbox"/>	BRIJESH	KUMAR			
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.08.1962	Date of Retirement	31.7.2022
Community	General	<input type="checkbox"/>	Religion	Hindu	
Father's Name	Shri Kishor Chand				

Birth Details

Birth Place	Pawatikhurd	Birth State/UT	Uttar Pradesh	<input type="checkbox"/>	Nationality	India
Birth District	Muzaffarnagar	Mother Tongue	Hindi			
Domicile	Uttarakhand	<input type="checkbox"/>	Physically Handicap Status			
Blood Group	B +ve	<input type="checkbox"/>	Identification Marks	scar on left forehead		

Marital Details

Marital Status	Married	<input type="checkbox"/>	Spouse Name	Smt. Anita
Spouse Nationality	Indian			

Joining Details

Source of Recruitment	Steno Gr C / PA	<input type="checkbox"/>	Joining Date	7.12.1987	Retirement Details	31.7.2022
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Departmental Examination Details

	Level	Year	Rank
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	

Smt. Meenu
10/6

7

Remarks (if any)					
Language Known					
			Read	Write	Speak
Indian Languages Known	1	Hindi	Fluent <input type="button" value="v"/>	Fluent <input type="button" value="v"/>	Fluent <input type="button" value="v"/>
	2		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
	3		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
	4		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
	5		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
Foreign Lang. Known	1	English	Fluent <input type="button" value="v"/>	Fluent <input type="button" value="v"/>	Fluent <input type="button" value="v"/>
	2		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
	3		<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
Address Details					
Permanant Address	H.No.590, Lane No.8B, Ramnagar, Roorkee			City	Roorkee
	State/UT	Uttarakhand <input type="button" value="v"/>	Pin Code	247667	
Present Contact Address	H.No.590, Lane No.8B, Ramnagar			City	Roorkee
	State/UT	Uttarakhand <input type="button" value="v"/>	Pin Code	247667	
	Phone (Off)		Fax.	01332-273976	
	Phone(Res)		Mob No	9837310065	
	E-Mail (Mandatory)	dir@nih.ernet.in; brijeshkr4@gmail.com			

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

Qualification		Discipline		Specialization 1	
B.Sc. Stenography Course		Biology			
Year		Division		CGPA	
1982		2nd			
Institution		University		Place	
KLDVA Degree College, Ro		Meerut University, Meerut		Roorkee	
				Country	
				India	

Experience

Type of Posting		Level			
		<input checked="" type="checkbox"/> Steno Gd D			
Designation		Present Position			
PA		<input checked="" type="checkbox"/> Regular			
Ministry		Department			
Under Min. of WR, RD & GR, New Delhi		National Institute of Hydrology, Roorkee			
Office		Place			
Director's Office		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	
<input checked="" type="checkbox"/>					
Sponsoring Authority		Period of Training		Duration	
		From To		(in Weeks)	
				<input type="checkbox"/> Qualified	
				<input type="checkbox"/> Not Qualified	

Awards/Publications

Type of Activity :			<input type="checkbox"/> Academic		<input type="checkbox"/> Non Academic	
Activity Area			Activity Subject		Activity Title	
Day Month Year			Activity Description/Remarks		Level	

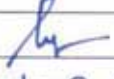
Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : 15-6-2015 Place : Roorkee

Information checked and verified - by


Signature of Officer

Section Officer		Ministry/Department		NIT#	
					
E-mail Id		Room No.		Building Name :	
soadmn@nih.emet.in		211			
Phone No.		Wing No.			
249258					