

आस्था-संयुक्त/Admn. Section, NIH

हावरी नं./Diary No. 1371

दिनांक/Date 26/06/15

## ER Sheet Data Entry Form

Basic Data							
Officer ID No. Details 1216							
Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNR
Select List Year (Allot Year)							
Name Details							
Title	First Name	Middle Name	Sur Name				
	Brahm		Singh			Initials	B.S
CSL No./ SCSL No: (if known)							
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	25-11-1962	Date of Retirement	Nov. 2022	
Community			Religion	Hindu			
Father's Name		Govardhan Singh					
Birth Details							
Birth Place	Gram Bantika ela	Birth State/UT	U.P		Nationality	Indian	
Birth District	Mozzaafurnagar	Mother Tongue			Hindi		
Domicile		Physically Handicap Status	NO				
Blood Group		Identification Marks					
Marital Details							
Marital Status	Married		Spouse Name			Suresh bala	
Spouse Nationality	Indian						
Joining Details							
Source of Recruitment	Interview		Joining Date	16-9-1987	Retirement Details	30-11-2022	
Departmental Examination Details							
	Level	Year	Rank				
1							
2							
3							

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Illiterate					
Year	Division	CGPA	Specialization 2		
Institution	University	Place	Country		
Experience					
Type of Posting			Level		
			e		
Designation			Present Position		
MTS (Cleaning)			M.T.S (Mw/sb)		
Ministry			Department		
MOWR			N.I.H		
Office			Place		
RD, BR Maintenance			Roorkee		
Experience Subject			Period of Posting		
Major	Minor	From	To		
		16/9/1987	Till 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)		
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: 10/6/2015 Place: Roorkee

Information checked and verified - by

Signature of Officer

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

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address Details</b>					
Permanant Address				City	
	State/UT	<input type="checkbox"/>	Pin Code		
Present Contact Address				City	
	State/UT	<input type="checkbox"/>	Pin Code		
	Phone (Off)		Fax.		
	Phone(Res)		Mob No		
	E-Mail (Mandatory)				