

प्रशा.अनु.रा.ज.रा./Admn. Section, NIH
 डायरी नं./Diary No. 1367
 दिनांक/Date 26/06/15

ER Sheet Data Entry Form

Basic Data										
Officer ID No. Details 1229										
Service	CSS	Cadre		Sub Cadre		Id No.	will be altered by CS Division/LNR			
Select List Year (Allot Year)										
Name Details										
Title	First Name			Middle Name		Sur Name				
	Khushal					Singh		Initials	k.S	
CSL No./SCSL No: (if known)										
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	1/09/1989	Date of Retirement	31/8/2019				
Community			Religion		Hindu					
Father's Name Lal Singh (Late)										
Birth Details										
Birth Place		Gram Timba		Birth State/UT		Nationality		Indian		
Birth District		Almora		Mother Tongue		Hindi				
Domicile				Physically Handicap Status		NO				
Blood Group		B+ve		Identification Marks						
Marital Details										
Marital Status		Married		Spouse Name		Shanti Devi				
Spouse Nationality		Indian								
Joining Details										
Source of Recruitment		Through Interview		Joining Date		7/9/1987		Retirement Details		31/8/2019
Departmental Examination Details										
Level			Year			Rank				
1										
2										
3										

1/4

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

Qualification Bth Pass	Discipline	Specialization 1	
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level
Designation	Present Position M.T.S (M)
Ministry MOWR	Department N.I.H
Office RDRGR	Place Roorkee
Experience Subject	Period of Posting
Major	Minor
	From To
	7/9/2007 31/8/2019

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: **25/6/2019** Place: **Roorkee**
Information checked and verified - by


Signature of Officer

Section Officer	Sachin Anand	Ministry/Department	
E-mail Id	Sachin@min.ewar.in	Room No.	211
Phone No.	249258	Wing No.	
Building Name :			

Remarks (if any)							
Language Known							
			Read	Write	Speak		
Indian Languages Known	1	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address Details							
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)					