

प्रशा.अनु.राज.सं./Admin. Section, NIH

हाथी नं./Diary No. 487

दिनांक/Date 22.10.2015

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details 1234

Service	CSS	Cadre	GROUP 'B'	Sub Cadre	TECHNICAL	Id No.	1234	will be alerted by CS Division, LNR
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Select List Year (Allot Year) 2015- 2015

Name Details

Title First Name Middle Name Sur Name

SURESH  KUMAR Initials SK

CSL No./ SCSL No: (if known)

Sex  Male  Female Date of Birth 08-12-1957 Date of Retirement 31-12-2017

Community DHMAN Religion HINDU

Father's Name Late. SOM DUTT

Birth Details

Birth Place ROHALKI KHUNDA Birth State/UT UTTARAKHAND Nationality Indian

Birth District Hamirpur Mother Tongue Hindi

Domicile UTTARAKHAND Physically Handicap Status - NIL

Blood Group O+ Identification Marks Spot in eye

Marital Details

Marital Status MARRIED Spouse Name Smt. Anita Rani

Spouse Nationality Indian

Joining Details

Source of Recruitment OPEN MARKET Joining Date 02/11/1987 Retirement Details 31/12/2017

Departmental Examination Details

	Level	Year	Rank
1	/	/	/
2	/	/	/
3	/	/	/

Smt. Madhu

1/1

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

Qualification		Discipline		Specialization 1	
INTER + DIPLOMA		Science + Mechanical Engg.		Refrigeration 2 - Air Cond.	
Year	Division	CGPA		Specialization 2	
1977+1981	II + I				
Institution		University		Place	Country
GOVT. Indira Collg RRF + KLP Roorkie		U.P. Bond. U.P. Technical Bond. U.P.		Roorkie	India
Experience					
Type of Posting			Level		
Technician - Gr - I <input checked="" type="checkbox"/>			('B') Gr. <input checked="" type="checkbox"/>		
Designation			Present Position		
Technician - I <input checked="" type="checkbox"/>			Technician Gr. I <input checked="" type="checkbox"/>		
Ministry			Department		
MWS			NIH, Roorkie (UTTARAKHAND)		
Office			Place		
MWS, DELHI			Roorkie		
Experience Subject			Period of Posting		
Major		Minor		From	To
Sp. Tech.				02/11/1987	To 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)	
<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	
<input checked="" type="checkbox"/>						
Day	Month	Year	Activity Description/Remarks			Level
						<input checked="" type="checkbox"/>

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 : 18/6/2015 - Place : Roorkie

Information checked and verified - by

*[Signature]*  
Signature of Officer.

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

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		<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"/>	
	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Address Details</b>								
Permanant Address	Cg-2 Brahampore - 2 Jalvihar, NH, Colony RKE			City	ROORKE (UTTARAKHAND)			
	State/UT	<input type="checkbox"/>	Pin Code	247667				
Present Contact Address	Cg-2 Brahampore - 1 Jalvihar Colony Roorke			City	ROORKE			
	State/UT	UTTARAKHAND	<input checked="" type="checkbox"/>	Pin Code				
	Phone (Off)	09045368564			Fax.			
	Phone (Res)	0904528564			Mob No			
	E-Mail (Mandatory)	SIKSRYKE@YAHOO.COM						