

11-517

ER Sheet Data Entry Form

प्रशासनिक विभाग/Admn. Section, NIH

Basic Data

हायरी नं./Diary No... 517

Officer ID No. Details

दिनांक/Date... 25/06/15

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
						1237	

Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Dr	MUKESH	KUMAR	SHARMA	mks	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	May 20, 1967	Date of Retirement	May 31, 2027
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Community: General Religion: Hindu

Father's Name: Late Sri Jai Chand Sharma

Birth Details

Birth Place	Shamli	Birth State/UT	Uttar Pradesh	Nationality	Indian
Birth District	Muzaffar Nagar	Mother Tongue	Hindi		
Domicile	Uttarakhand	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	A cut mark below left eye		

Marital Details

Marital Status	Married	Spouse Name	Aparna
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Direct	Joining Date	Dec 7, 1987	Retirement Details	May 31, 2027
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Detail of deputation (if applicable) *NA*

Name of the office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From

Detail of Foreign visit

Sl. No.	Place of visit	Date of visit	Post held at that time	Whether it is a personal or official visit	Detail of visit
1.	<i>Delft</i>	<i>7-25 Feb. 2011</i>	<i>Scientist</i>	<i>Official</i>	<i>A Training Course on Water Quality Assessment organised by UNESCO-IHE Delft The Netherlands.</i>

Transfer/Posting detail (if applicable)

	Place	Period of posting	
		Since	From
1.	<i>HRRC, NIH, Belgaum</i>	<i>June 1990</i>	<i>18-1-1991</i>
2.	<i>WHRC, NIH, Jammu</i>	<i>23-8-1991</i>	<i>24-5-1996</i>

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	Hindi	Fluent	Fluent	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	H. No. 603, New Adarsh Nagar		City	Roorkee
	State/UT	Uttarakhand	Pin Code	247,667
Present Contact Address	H. No. 603, New Adarsh Nagar		City	Roorkee
	State/UT	Uttarakhand	Pin Code	247,667
	Phone (Off)	01332-249235	Fax.	01332-272123
	Phone(Res)	01332-272614	Mob No	9927221049
	E-Mail (Mandatory)	mks@nih.emet.in		

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

Qualification		Discipline		Specialization 1	
Ph. D.		Hydrology		Environmental Hydrology	
Year	Division		CGPA	Specialization 2	
2,001	Environmental Hydrology			Water Quality	
Institution		University		Place	Country
Indian Institute of Technology				Roorkee	India

Experience

Type of Posting		Level			
Regular		Scientist 'D'			
Designation		Present Position			
Scientist 'D'		Regular (Scientist 'D')			
Ministry		Department			
Ministry of Water Resources, River Development & Irrigation		National Institute of Hydrology, Roorkee			
Office		Place			
National Institute of Hydrology, Roorkee		Roorkee			
Experience Subject		Period of Posting			
Major	Minor		From	To	
Environmental Hydrology	Water Quality		Jul 1, 1997	Jun 23, 2015	

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

Training

Training Year	Training Name		Training Subject		
2,011			Water Quality Assessment		
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
	UNESCO-IHE, Delft, The Netherlands		The Netherlands	Gangotri Glacier	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	(in Weeks)	<input type="radio"/> Qualified	
World Bank funded Project	Feb 7, 2011	Feb 25, 2011	02	<input type="radio"/> Not Qualified	

Awards/Publications


Type of Activity :			<input checked="" type="radio"/> Academic	<input type="radio"/> Non Academic	
Activity Area		Activity Subject		Activity Title	
Research Work		Environmental Hydrology		Environmental Hydrology	
Day	Month	Year	Activity Description/Remarks		Level
23	11	17	Water Quality		International

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 : 23-06-2015 Place : Roorkee

Information checked and verified - by


Signature of Officer

Section Officer	Ministry/Department	
E-mail Id	Room No.	Building Name :
Phone No.	Wing No.	