

1232

प्रशा.अनु.रा.ज.स./Admn. Section, NIH

डायरी नं./Diary No... 516

दिनांक/Date 25/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

1241

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



SANJAY

MITTAL

Initials

CSL No./ SCSL No: (if known)

Sex

Male

Female

Date of Birth

21-06-1963

Date of Retirement

30-06-2013

Community

GENERAL

Religion

HINDU

Father's Name

SHI MAHENDRA KUMAR MITTAL

Birth Details

Birth Place

ROORKEE

Birth State/UT

UTTARAKHAND

Nationality

INDIAN

Birth District

HARIDWAR

Mother Tongue

HINDI

Domicile

Physically Handicap Status

Blood Group

O +ve

Identification Marks

Black mole on right side of neck

Marital Details

Marital Status

MARRIED

Spouse Name

ARUNA MITTAL

Spouse Nationality

INDIAN

Joining Details

Source of Recruitment

Direct Recruitment

Joining Date

Dec. 15th, 1987

Retirement Details

30-06-2013

Departmental Examination Details

Level

Year

Rank

1

2

3

Smt. Madhu

1/4

Detail of deputation (if applicable)

| 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 | Weather it is a personal or official visit | Detail of visit |
|---------|----------------------------|---|------------------------|--|--------------------------------------|
| 1. | Giesbeek - The Netherlands | 3-17 March 1991 | Official | Official | For Training |
| 2. | Berlin - Germany | 28 May 12 to 03 rd June 2013 | Official | Official | Scientific & Technical Exposure Tour |

Transfer/Posting detail (if applicable)

| Place | Period of posting | |
|----------------------------------|------------------------------|-----------------------------|
| | Since | From |
| W.H.R.C. JAMMU | Jan. 29 th , 2004 | Aug. 9 th , 2006 |
| G.W.H. Division N.I. H. Rorke | Aug 10 th , 2006 | uptodate |

| Qualification (Use extra photocopy sheets for multl qualifications, experience, training, awards details) | | | |
|---|------------------------|---------|------------------|
| Qualification | Discipline | | Specialization 1 |
| 3yr. Diploma | Mechanical Engineering | | |
| Year | Division | CGPA | Specialization 2 |
| 1983 | IPH | | |
| Institution | University | Place | Country |
| K.L.Polytechnic, Roorkee | U.P. B.T.E. | ROORKEE | INDIA |

Experience

| Type of Posting | Level | | |
|-------------------------------------|-------------------------------------|------|----|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Designation | Present Position | | |
| SRA | | | |
| Ministry | Department | | |
| MDNR | | | |
| Office | Place | | |
| | | | |
| 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 | 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 | | |
| | | | | |
| 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 : _____ Place : _____
Information checked and verified - by _____

S. F. Singh
Signature of Officer

| | | | |
|-----------------|---------------------|---------------------|-----|
| Section Officer | <i>h</i> | Ministry/Department | NIH |
| E-mail Id | socadm@nih.ernet.in | Room No. | 211 |
| Phone No. | 249258 | Wing No. | |

| | | | | | |
|-------------------------|--------------------|---|--|--|--|
| Remarks (if any) | | | | | |
| Language Known | | | | | |
| | | | Read | Write | Speak |
| Indian Languages Known | 1 | HINDI | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | 2 | ENGLISH | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | 3 | | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| | 5 | | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| | 2 | | <input type="checkbox"/> <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"/> <input type="checkbox"/> |
| Address Details | | | | | |
| Permanant Address | | 525/7, 53 CIVIL LINES | City | ROORKEE | |
| | State/UT | UTTARAKHAND <input checked="" type="checkbox"/> | Pin Code | 247667 | |
| Present Contact Address | | 525/7, 53 CIVIL LINES | City | ROORKEE | |
| | State/UT | UTTARAKHAND <input checked="" type="checkbox"/> | Pin Code | 247667 | |
| | Phone (Off) | 249251(01332) | Fax. | | |
| | Phone(Res) | | Mob No | 9997824930 | |
| | E-Mail (Mandatory) | SKM @ hih.ernet.in Smittalnik @ gmail. com | | | |