

प्रशा. अनु. राज. स. / Admn. Section, NIH
 छात्री नं./Diary No... 547.....
 दिनांक/Date... 30.12.2015.....

ER Sheet Data Entry Form

Basic Data							
Officer ID No. Details							
Service	CSS	Cadre	Sub Cadre		Id No.	will be allotted by CS Division, LNR	
					0255		
Select List Year (Allot Year)							
Name Details							
Title	First Name	Middle Name	Sur Name				
Mr	BABU		Initials G				
CSL No./ SCSL No: (if known)							
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.04.1967	Date of Retirement	31-03-2027	
Community		Brahmin		Religion		HINDU	
Father's Name		N. GOVINDAN					
Birth Details							
Birth Place		SIVAGANGA		Birth State/UT		TAMILNADU	
Nationality		INDIAN					
Birth District		SIVAGANGA		Mother Tongue		TELUGU	
Domicile		Physically Handicap Status					
Blood Group		A+		Identification Marks		Scar on both knees	
Marital Details							
Marital Status		MARRIED		Spouse Name		R GAYATHRI	
Spouse Nationality		INDIAN					
Joining Details							
Source of Recruitment		DIRECT		Joining Date		30.12.1987	
Retirement Details		31-03-2027					
Departmental Examination Details							
NIL							
Level		Year		Rank			
1							
2							
3							

Sh. Madhu
 K. K. K. K.
 23/16

1/1

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

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From
BELGAUM	1992	ROORKEE
ROORKEE	2011	BELGAUM
BELGAUM	2014	ROORKEE

Qualification (Use extra photocopy sheets for mult qualification, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
M.Sc	Computer Science		Project Management	
Year	Division	CGPA	Specialization 2	
	FIRST CLASS	7.5		
Institution	University	Place	Country	
	ANNAMALAI UNIV.	CHIDAMBARAM	INDIA	
Experience :				
Type of Posting		Level		
PERMANENT <input checked="" type="checkbox"/>				
Designation		Present Position		
DRAFTSMAN GR-II <input checked="" type="checkbox"/>				
Ministry		Department		
WATER RESOURCES		NATIONAL INSTITUTE OF HYDROLOGY		
Office		Place		
NIH, Regional Centre		BELGAUM		
Experience Subject		Period of Posting		
Major	Minor	From	To	
		2016	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)
<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	

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 : 15.06.2015 Place : BELGAUM

Information checked and verified - by

Signature of Officer

Section Officer		Ministry/Department	NIH	
E-mail Id	SO.admn@nih.emd.in	Room No.	211	Building Name :
Phone No.	249258	Wing No.		

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	TAMIL	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	2	TELUGU	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	3	KANNADA	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	4	HINDI	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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	ENGLISH	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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	No.1, Srinivasa Nagar, Near Sakthi Nagar children's Park, CHINNAVEDAMPATTI		City	COIMBATORE	
	State/UT	TAMIL NADU <input type="checkbox"/>	Pin Code	641006	
Present Contact Address	No.149, Kuvempu Nagar Hanuman Nagar 5th Stage		City	BELGAUM	
	State/UT	KARNATAKA <input type="checkbox"/>	Pin Code	590001	
	Phone (Off)	2447214	Fax.		
	Phone(Res)		Mob No	9449047001	
	E-Mail (Mandatory)	gbabu.cbe@gmail.com			