

प्रशा.अनु.रा.ज.स./Admn. Section, NIH  
 हावरी नं./Diary No. 526  
 दिनांक/Date 26/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details		1261		Id No.		will be allotted by CS Division, LNR	
Service	CSS	Cadre	Group B Tech.	Sub Cadre			
Select List Year (Allot Year)							

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
	MUKESH	KUMAR	SHARMA	MKS	
CSL No./SCSL No. (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-04-1966	Date of Retirement	31/03/16
Community		Religion	Hindu		
Father's Name		G. C. Sharma			

Birth Details

Birth Place	Ahmednagar	Birth State/UT	U.P.	Nationality	Indian
Birth District	Meerut	Mother Tongue	Hindi		
Domicile		Physically Handicap Status	No		
Blood Group	A+	Identification Marks			

Marital Details

Marital Status	MARRIED	Spouse Name	Shashi Sharma
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Interview	Joining Date	30/3/88	Retirement Details	31/3/26
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

1/1

HR, 01/01/2015 17:14 From: MQR  
23710253 To: 01332273976 P. 4

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To: 01332273976

P. 4

Detail of deputation (if applicable)

N.A.

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

N.A.

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)

N.A.

Place	Period of posting	
	Since	From

Qualification (Use extra photocopy sheets for mult qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
ME		HYDROLOGY		Water shed Management	
Year	Division	CGPA		Specialization 2	
1996	First with Hons.	7.8		Civil Engineering	
Institution		University		Place	Country
U.O.R.		University of Roorkee		Roorkee	India
Experience					
Type of Posting			Level		
Technical <input checked="" type="checkbox"/>			J E (Sr. Gr) <input checked="" type="checkbox"/>		
Designation			Present Position		
Works Supervisor - 30.3.88 <input checked="" type="checkbox"/>			J E (Sr. Gr) <input checked="" type="checkbox"/>		
Ministry			Department		
MOWR			NIH		
Office			Place		
Maintenance			Roorkee.		
Experience Subject			Period of Posting		
Major		Minor		From	To
				30/3/88	Till date.
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject					
Training					
Training Year		Training Name		Training Subject	
2015		Cracks & Leakage in concrete structure		Causes & Repair	
Level		Institute Name, Place		Field Visit Country	
<input checked="" type="checkbox"/>					
Sponsoring Authority		Period of Training		Duration	
		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
					<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 : 08/06/2015 Place : Roorkee  
Information checked and verified - by

Signature of Officer

Section Officer		Ministry/Department	NIH
E-mail Id	soadm@nihernet.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	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	353, Ganpati Nagar Rooskee.		City Rooskee		
	State/UT	U.K.	<input checked="" type="checkbox"/>	Pin Code	247667
Present Contact Address	- do -		City		
	State/UT		<input checked="" type="checkbox"/>	Pin Code	
	Phone (Off)	269		Fax.	
	Phone(Res)	-		Mob No	9997489531
	E-Mail (Mandatory)	m k s i r a m j e e n i k @ g m a i l . c o m .			