

प्रशा. अनु. राज. स. / Admn. Section, NIH  
 हायरी नं./Diary No... 2010 538  
 दिनांक/Date... 30/06/15

**ER Sheet Data Entry Form**

Basic data									
Officer ID No. Details <b>1294</b>									
Service	CSS	Cadre		Sub Cadre		Id No			
<b>Autonomous</b>									
Select List Year (Allot Year)									
Name Details									
Title	First Name			Middle Name		Surname			
Dr.	<b>CHANDRAMOHAN</b>				<b>PILLAI</b>		Initials	<b>T</b>	
CSL No./SCSL NO. (if Known)									
Sex	<b>Male</b>	Male		Female	Date of birth	<b>22-05-1963</b>	Date of Retirement	<b>May 2023</b>	
Community	<b>Nair</b>				Religion	<b>Hindu</b>			
Father's Name	<b>P R Thankappan Pillai</b>								
Birth Details									
Birth Place	<b>Changanacherry</b>	Birth State/UT	<b>Kerala</b>			Nationality	<b>Indian</b>		
Birth District	<b>Kottayam</b>			Mother Tongue	<b>Malayalam</b>				
Domicile	<b>Belgaum (India)</b>			Physically Handicap Status	<b>NA</b>				
Blood Group	<b>O+</b>			Identification Marks	1. Black mole on left side of back of neck 2. Scar below the outer side of left elbow				
Marital Details									
Marital Status	<b>Married</b>			Spouse Name	<b>Meera R.</b>				
Spouse Nationality	<b>Indian</b>								
Joining Details									
Source of Recruitment	<b>Direct</b>			Joining Date	<b>19-02-1990</b>	Retirement details	<b>May 2023</b>		
Department Examination Details									
	Levels			Year			Rank		
1	<b>NA</b>								
2									
3									

Sh. Srivastava  
 29/6

**Detail of deputation (if applicable)**

Not Applicable

**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	<b>Texas A &amp; M University, College Station, Texas, USA</b>	January, 1993 (4 months)	Scientist B	Official	Under UNDP training from the Institute

**Transfer/ Posting-detail (if applicable)**

Place	Period of posting	
	Since	From
<b>NIH Regional Centre, Kakinada</b>	September 1991	November 1991
<b>NIH Regional Centre, Sagar</b>	November 1996	January 1997

Qualification (Use Extra Photocopy Sheets for Multi Qualifications, experience ,Training, Awards Details)					
Qualification	Discipline		Specialization 1		
<b>PhD</b>	<b>Hydrology &amp; Water Resources Engineering</b>		<b>Surface water Hydrology</b>		
Year	Division	CGPA	Specialization 2		
<b>2006</b>	<b>NA</b>	<b>NA</b>	<b>Erosion and Sediment Transport</b>		
Institution	University	Place	Country		
<b>Dept. of Physical Oceanography</b>	<b>Cochin University of Science &amp; Technology</b>	<b>Kochi, Kerala</b>	<b>India</b>		
Experience					
Type of Posting		Level			
<b>Research &amp; Development</b>		<b>Group A</b>			
Designation		Present Position			
<b>Scientist</b>		<b>Scientist D</b>			
Ministry		Department			
<b>Ministry of Water Resources, River Development &amp; Ganga Rejuvenation</b>		<b>National Institute of Hydrology</b>			
Office		Place			
<b>Hard Rock Regional Centre</b>		<b>Belgaum, Karnataka</b>			
Experience Subject		Period of Posting			
Major	Minor	From	To		
<b>Surface Water Hydrology</b>	<b>Erosion &amp; Sediment Transport</b>	<b>February 1990</b>	<b>Till now</b>		
Note: Refer the annexure to fill above major, minor subjects and below given training subject					
Training					
Training Year	Training Name		Training Subject		
<b>1993</b>	<b>UNDP Training on Developing Capabilities</b>		<b>Hydrological Data Processing</b>		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)		
	<b>Texas A &amp; M University</b>	<b>USA</b>	<b>NA</b>		
Sponsoring Authority	Period of Training	Duration	Results		
	From	To	(In weeks)	NA	Qualified
<b>UNDP</b>	<b>January 1993</b>	<b>May 1993</b>	<b>17 weeks</b>		<b>Not Qualified</b>

Awards/Publications: <b>Research papers and reports in the field of Hydrology &amp; Water Resources</b>				
Type of Activity		Academic		Non Academic
Activity Area		Activity subject		Activity Title
<b>Research Publications</b>		<b>Hydrology &amp; Water Resources</b>		
Date	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: **22/062015**

Place: **Belgaum**

  
Signature of officer

**Information checked and verified -by**

Section Officer		Ministry /Department	
E-Mail id		Room No.	Building Name
Phone No.		Wing No.	

Remarks (if any)				
Language Known				
Indian Languages Known		Read	Write	Speak
<b>Malayalam</b>	1	yes	yes	yes
<b>Hindi</b>	2	yes	yes	yes
	3			
	4			
	5			
Foreign Lang Known				
<b>English</b>	1	yes	yes	yes
	2			

Address Details				
Permanent Address	<b>Mavelil No. 22, Perunnai West PO Changanacherry</b>		City	<b>Kottayam (Dist)</b>
	State/ UT	<b>Kerala</b>	Pin code	<b>686 102</b>
Present Contact Address	<b>Plot No. 7, Ganesh Krupa T V Centre</b>		City	<b>Belgaum (Dist)</b>
	State/UT	<b>Karnataka</b>	Pin code	<b>590 019</b>
	Phone (off)	<b>0831-2447714</b>	Fax	<b>0831-2447269</b>
	Phone (Res)	<b>Nil</b>	Mob No	<b>09448691525</b>
	E-Mail (Mandatory)	<b>cmohant@yahoo.com</b>		