

प्रशा.अनु.रा.ज.स./Admn. Section, NIH
 हायरी नं./Diary No. 1368
 दिनांक/Date 26/06/15

ER Sheet Data Entry Form

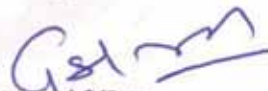
Basic Data							
Officer ID No. Details		1295					
Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNR
Select List Year (Allot Year)							
Name Details							
Title	First Name	Middle Name	Sur Name				
	CHANDER	PARKASH	SHARMA		Initials	CPS	
CSL No./ SCSL No. (if known)							
Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	13/2/1965	Date of Retirement		
Community			Religion	HINDU			
Father's Name		A.P. SHARMA					
Birth Details							
Birth Place	BIRONTALLA	Birth State/UT	U. KHAND	Nationality	INDIAN		
Birth District	PORIGARWAL	Mother Tongue	HINDI				
Domicile		Physically Handicap Status					
Blood Group	B	Identification Marks					
Marital Details							
Marital Status	MARRIED	Spouse Name	VIMLA SHARMA				
Spouse Nationality	INDIAN						
Joining Details							
Source of Recruitment	INTERVIEW	Joining Date	11/1/90	Retirement Details	28/2/25		
Departmental Examination Details							
	Level	Year	Rank				
1							
2							
3							


Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
High School		उत्तम-वर्ग-प्रथम			
Year	Division	CGPA	Specialization 2		
Institution	University	Place	Country		
			INDIA		
Experience					
Type of Posting			Level		
Designation			Present Position		
MTSC (Ministerial)			MTS		
Ministry			Department		
MOWR, RD&SR			NIH		
Office			Place		
Maintenance			Roorkee		
Experience Subject			Period of Posting		
Major	Minor	From	To		
		11/90	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)	
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 : 8/6/15 Place :
Information checked and verified - by


Signature of Officer

Section Officer		Ministry/Department	
E-mail Id	soadmn@nih-ernet.in	Room No.	211
Phone No.	249258	Wing No.	
Building Name :			

Remarks (if any)				
Language Known				
		Read	Write	Speak
Indian Languages Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details				
Permanant Address		<input type="text"/>	City	<input type="text"/>
	State/UT	<input type="checkbox"/>	Pin Code	<input type="text"/>
Present Contact Address		<input type="text"/>	City	<input type="text"/>
	State/UT	<input type="checkbox"/>	Pin Code	<input type="text"/>
	Phone (Off)	<input type="text"/>	Fax.	<input type="text"/>
	Phone(Res)	<input type="text"/>	Mob No	<input type="text"/>
	E-Mail (Mandatory)	<input type="text"/>		