

ER Sheet Data Entry Form

Basic Data										
Officer ID No. Details										
Service	CSS	Cadre	GROUP A		Sub Cadre	SCIENTIFIC		Id No.	will be allotted by CS Division, LNR	
Select List Year (Allot Year)		1990								
Name Details										
Title		First Name		Middle Name		Sur Name				
MY	<input checked="" type="checkbox"/>	V. VIJAYA KUMAR				SARRAJU		Initials	SVVK	
CSL No./		SCSL No: (if known)								
Sex	<input checked="" type="checkbox"/>	Male	<input type="checkbox"/>	Female	Date of Birth	02 12 1965	Date of Retirement	31 12 2025		
Community		OPEN			Religion	HINDU				
Father's Name		S. VENKATA RAJHAVAIAH								
Birth Details										
Birth Place		KAVALI		Birth State/UT		ANDHRA PRADEH		Nationality		INDIAN
Birth District		NELLORE		Mother Tongue		TELGU				
Domicile		KAKINADA		Physically Handicap Status		No				
Blood Group		B + VE		Identification Marks		A SCAR ON LEFT CHEEK A MOLE ON ABDOMEN				
Marital Details										
Marital Status		MARRIED		Spouse Name		ANURADHA				
Spouse Nationality		INDIAN								
Joining Details										
Source of Recruitment		DIRECT		Joining Date		25-05-1990		Retirement Details		31-12-2025
Departmental Examination Details										
Level		Year		Rank						
1	—		—		—					
2	—		—		—					
3	—		—		—					

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	Whether it is a personal or official visit	Detail of visit
1	UK	19-2-1975 18-6-1975	SCIENTIST B	OFFICIAL	UNDE UNDP TRAINING TO INSTITUTE OF Hydrology, WALLINGFORD, UK.

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From
AT NIH ROORKEE	25-5-1970	
AT DRC, NIH KAKINAD	4-11-1972	ILL NOW

Qualification (Use extra photocopy sheets for mult qualification, experience, training, awards details)

Qualification		Discipline		Specialization 1
M.TECH		HYDRAULICS & WATER ENGR.		
Year	Division	CGPA		Specialization 2
1988	I B	72.5%		
Institution	University	Place	Country	
KREC SURATKAL	MANGALORE	SURATKAL	INDIA	

Experience			
Type of Posting		Level	
RESEARCH <input checked="" type="checkbox"/>		GR 'A' <input checked="" type="checkbox"/>	
Designation		Present Position	
SCIENTIST 'B' <input checked="" type="checkbox"/>		SCIENTIST 'D' <input checked="" type="checkbox"/>	
Ministry		Department	
MOUR PDGC		NIH, Rooster	
Office		Place	
DISTRICT REGIONAL CENTRE		KAKINADA	
Experience Subject		Period of Posting	
Major	Minor	From	To
HYDROLOGY	URBAN HYDROLOGY	4-11-1992	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	Level
Activity Description/Remarks			<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 : 9/6/2015 Place : KAKINADA

Information checked and verified - by


Signature of Officer

Section Officer	Ministry/Department
E-mail Id	Room No. Building Name :
Phone No.	Wing No.

Remarks (if any)							
Language Known							
			Read	Write	Speak		
Indian Languages Known	1	TELUGU	<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	HINDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	ENGLISH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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		29/LE 162A, LALITHA NIVAS SARAJI NAGAR		City	NELLORE		
		State/UT	ANDHRA PRADESH <input checked="" type="checkbox"/>	Pin Code	524002		
Present Contact Address		66-6-5/C NARASANNA NAGAR KAKINADA		City	KAKINADA		
		State/UT	ANDHRA PRADESH <input checked="" type="checkbox"/>	Pin Code	533003		
		Phone (Off)	0884 2372259	Fax.	0884 2350059		
		Phone (Res)	0884 2359570	Mob No	+91 9866221265		
		E-Mail (Mandatory)	VKUMAR.SV@YAHOO.COM VIJAYAKUMAR@JNTU-ERNET-INDIA				