

प्रशा.अ.रा.ज.स./Admn. Section, NIH

हायरी नं./Diary No. 1370

दिनांक/Date. 26/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details						1343	
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	Initials		
	ASHOK	KUMAR	-	AK		
CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	05/8/1962	Date of Retirement	31.8.2022	
Community		Religion	HINDU			
Father's Name		SH. NAGINARAM				

Birth Details

Birth Place	PANIMALI	Birth State/UT	UK	Nationality	INDIAN
Birth District	HARIDWAR	Mother Tongue	HINDI		
Domicile		Physically Handicap Status	NO		
Blood Group	B+	Identification Marks			

Marital Details

Marital Status	MARRIED	Spouse Name	SMT. VIMLA
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	INTERVIEW	Joining Date	13/4/1993	Retirement Details	31.8.2022
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Departmental Examination Details

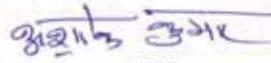
Level	Year	Rank
1		
2		
3		

Qualification (Use extra photocopy sheets for mult qualifications, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
8 <sup>th</sup>				
Year 1977	Division II	CGPA	Specialization 2	
Institution	University	Place	Country	
	J.H.S. PANIYALA	PANIYALA	-	
Experience				
Type of Posting		Level		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Designation		Present Position		
		MTS-C		
Ministry		Department		
MOWR		NIH		
Office		Place		
MAINTENANCE		ROORKEE		
Experience Subject		Period of Posting		
Major	Minor	From	To	
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	
			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: 15/6/2015 Place: ROORKEE  
Information checked and verified - by

  
Signature of Officer

Section Officer	Ministry/Department		
E-mail Id	soadmm@nih.ernet.in	Room No.	211
Phone No.	243258	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"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address Details</b>					
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"/>			