

प्रशा. अनु. राज. से. / Admn. Section, NIH

हायरी नं./Diary No. 1366

दिनांक/Date. 26/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details **1344**

Service	CSS	Cadre	Sub Cadre	Id No.	Will be allotted by CS Division, LMR

Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	BHAGAT	SINGH	-	का.सि.सि.

CSL No./SCSL No. (if known)

Sex Male Female Date of Birth **01-01-1971** Date of Retirement **31-01-2031**

Community **SC (CHAMAR)** Religion **HINDU**

Father's Name **श.र. रतिराम**

Birth Details

Birth Place **TIKOLARALAN HARIDWAR** Birth State/UT **UK** Nationality **Indian**

Birth District **HARIDWAR** Mother Tongue **HINDI**

Domicile **UTTARAKHAND** Physically Handicap Status **NO**

Blood Group **B+** Identification Marks **SCUT MARK ON LEFT LEG UNDER KNEE**

Marital Details

Marital Status **Married** Spouse Name **Smt. Rakhe**

Spouse Nationality **Indian**

Joining Details

Source of Recruitment **INTERVIEW** Joining Date **4-5-1993** Retirement Details **31-01-2031**

Departmental Examination Details

	Level	Year	Rank
1	/	/	
2	/	/	
3	/	/	

1/1

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
8TH				
Year 1983	Division II	CGPA	Specialization 2	
Institution	University	Place	Country	
	SKM B. JANTA, J.H.S. PURKHAN	PURKHAJI		
Experience				
Type of Posting		Level		
GROUP 'D' <input checked="" type="checkbox"/>		Present Position <input checked="" type="checkbox"/>		
Designation		MTS - G		
MALI <input checked="" type="checkbox"/>		GROUP - C <input checked="" type="checkbox"/>		
Ministry MOHR		Department NIH ROORKEE		
Office MAINTENANCE		Place ROORKEE		
NIH ROORKEE				
Experience Subject		Period of Posting		
Major	Minor	From	To	
GARDNING	-	04-05-1993	CONTINUE	
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject				
Training				
Training Year	Training Name		Training Subject	
Level <input checked="" type="checkbox"/>	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 : 16/6/2015 Place : ROORKEE
 Information checked and verified - by

(Signature)
 Signature of Officer

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

Remarks (if any)							
Language Known							
		Read		Write		Speak	
Indian Languages Known	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Lang. Known	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Details							
Permanant Address		<input type="text"/>			City		<input type="text"/>
		State/UT		<input type="text"/>	Pin Code		<input type="text"/>
Present Contact Address		<input type="text"/>			City		<input type="text"/>
		State/UT		<input type="text"/>	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"/>			