

प्रशा.अनु.रा.ज.रा.स/Admn. Section, NIH

द्वयरी नं./Diary No. 1355

दिनांक/Date. 2.5.2015

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

355

Service CSS Cadre

Sub
Cadre

Id No

will be allotted by CS
Division, LNR

BSS.

Select List Year (Allot
Year)

Name Details

Title

First Name

Middle Name

Sur Name



OM

PRAKASH.

Initials

Prakash

CSL No./
SCSL No. (if known)

Sex

 Male Female

Date of Birth

30/09/1962

Date of Retirement

Sept 2022

Community

~~HINDU~~ HINDU

Religion

HINDU.

Father's Name

Late. SHRI DHARAMSINGH.

Birth Details

Birth Place

VIII. DULEHRA

Birth State/UT

HARYANA

Nationality

INDIAN.

Birth District

ROHTAK.

Mother Tongue

HINDI.

Domicile

HARYANA.

Physically Handicap Status

Blood Group

B+

Identification Marks

Marital Details

Marital Status

MARRIED

Spouse Name

Smt. VARSHA RANI

Spouse Nationality

INDIAN

Joining Details

Source of
Recruitment

By Selection

Joining
Date

24/11/1994.

Retirement
Details

Departmental Examination Details

Level

Year

Rank

1

2

3

Sh. K. K. K. K.
R

1/1

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

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From

Qualification (Use extra photocopy sheets for multl qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1
Matriculation				
Year	Division	CGPA		Specialization 2
1979.	West			
Institution	University	Place	Country	
G. H. School Dulehra, HARYAN Board of Education Chandigarh	H.B.B. Board, Chandigarh	V.P.E. Dulehra	(INDIA)	

Experience			
Type of Posting		Level	
Group C. <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Designation		Present Position	
M.T.S (M) <input checked="" type="checkbox"/>		Regular. <input checked="" type="checkbox"/>	
Ministry		Department	
Water Resource, RD & GR Office		N.I.H. Place	
National Institute of Hydrology		Roostee	
Experience Subject		Period of Posting	
Major	Minor	From	To
<input checked="" type="checkbox"/>		24/11/1994	update

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	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 : _____ Place : _____
Information checked and verified - by _____

[Signature]
Signature of Officer

Section Officer	<i>[Signature]</i>	Ministry/Department	
mail id	Seadma@nic.com	Room No.	211
Phone No.	249258	Wing No.	

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	HINDI	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	2	ENGLISH	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Address Details					
Permanant Address	V.P.O Dulehas		City		
	Teh. Bahadurgarh Distt JHARSINA		JHARSINA		
	State/UT	<input type="checkbox"/>	Pin Code	124507	
Present Contact Address	Brahmapur And		City		
	Btr No BF 7 Nih Colony RKE		ROORKEE		
	State/UT	UTTARAKHAND <input type="checkbox"/>	Pin Code	247667	
	Phone (Off)	01332-249275	Fax.		
	Phone(Res)		Mob No	9837418796	
E-Mail (Mandatory)					