

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

द्वितीय नं./Diary No. 1363

दिनांक/Date... 26/06/15

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details

1361

Service CSS

Cadre

Technical

Sub  
Cadre

Group 'C'

Id No.

1361

Will be allotted by CS  
Division, LNRSelect List Year (Allot  
Year)

## Name Details

Title

First Name

Middle Name

Sur Name



IFTKHAR

UL

HASAN

Initials

HKS.

CSL No./  
SCSL No: (if known)

Sex

 Male Female

Date of Birth

05-04-67

Date of Retirement

30-4-2027

Community

muslim

Religion

Shakki

Father's Name

LATIE SH Anis Ahamed.

## Birth Details

Birth Place

manglaur

Birth State/UT

U.P

Nationality

INDIAN

Birth District

Haridwar

Mother Tongue

URDU

Domicile

Physically Handicap Status

Blood Group

B+

Identification Marks

## Marital Details

Marital Status

MARRIED

Spouse Name

Smt. Reeshma Samal.

Spouse Nationality

indian

## Joining Details

Source of  
RecruitmentDirect  
RecruitmentJoining  
Date

5-1-94

Retirement  
Details

30-4-2027

## Departmental Examination Details

Level

Year

Rank

1

2

3

Handwritten notes and stamps at the top right of the page.

Detail of deputation (if applicable)

N.A.

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

N.A.

Sl. No.	Place of visit	Date of visit	Post held at that time	Weather it is a personal or official visit	Detail of visit

Transfer/Posting detail (if applicable)

N.A.

Place	Period of posting	
	Since	From

Qualification (Use extra photocopy sheets for mult qualification, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Inter 12th. Pass.				ELECTRICAL	
Year	Division	CGPA		Specialization 2	
1987	II <sup>nd</sup>				
Institution		University		Place	Country
UP Board				RKE	INDIA
Experience <u>ELECTRICAL work.</u>					
Type of Posting			Level <u>Group 'C'</u>		
<u>MTS (Technical)</u> <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Designation			Present Position <u>MTS-Technical</u>		
<u>MouR, RDEGR</u> <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Ministry			Department		
Office			Place		
<u>National Institute of Hydrology</u>			<u>ROORKEE</u>		
Experience Subject			Period of Posting		
Major		Minor		From	To
				<u>5-4-1984</u>	<u>TILL DATE</u>
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject					
Training <u>NA</u>					
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 <u>NA</u>					
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 : 22-6-15 Place : ROORKEE  
Information checked and verified - by

[Signature]  
Signature of Officer

Section Officer	<u>[Signature]</u>	Ministry/Department	
E-mail Id	<u>Soadmn@iit.ernet.in</u>	Room No.	<u>211</u>
Phone No.	<u>243258</u>	Wing No.	
		Building Name :	

12/15

Remarks (if any)					
Language Known		URDU			
		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	UR do	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	3	English	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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"/>
<b>Address Details</b>					
Permanant Address		Moh. MALANDURA manglore		City	manglor
		State/UT	U.A <input type="checkbox"/>	Pin Code	247666
Present Contact Address		Same as above.		City	
		State/UT	<input type="checkbox"/>	Pin Code	
		Phone (Off)	01332 249 302	Fax.	
		Phone (Res)	01	Mob No	9557 5415 64
		E-Mail (Mandatory)			