

प्रशा.अनु.सं.नं./Admn. Section, NIH

हाथरी सं./Diary No. 1361

दिनांक/Date. 26/06/15

ER Sheet Data Entry Form

Basic Data									
Officer ID No. Details 1290									
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				
	SHYAM		KUMAR		-				
CSL No./SCSL No: (if known)									
Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	07-07-1967	Date of Retirement	31/1/27			
Community			Religion		Hindu				
Father's Name		Sh. Mahaveer Singh							
Birth Details									
Birth Place	Sitoni Saharanpur		Birth State/UT	UP	Nationality	Indian			
Birth District	Saharanpur		Mother Tongue		Hindi				
Domicile			Physically Handicap Status	No					
Blood Group	B ⁺		Identification Marks						
Marital Details									
Marital Status	married		Spouse Name		Smt. Simlesh.				
Spouse Nationality	Indian								
Joining Details									
Source of Recruitment	Written and Interview		Joining Date	8-9-1994	Retirement Details	31/1/2027			
Departmental Examination Details									
	Level		Year		Rank				
1									
2									
3									

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

Qualification		Discipline		Specialization 1	
Diploma		Mechanical		Mechanical Production	
Year	Division	CGPA		Specialization 2	
1992	Ist	67%			
Institution		University		Place	Country

Experience					
Type of Posting			Level		
Designation			Present Position		
			Tech-II		
Ministry			Department		
MOWP			NIH		
Office			Place		
maintenances			Roorki		
Experience Subject			Period of Posting		
Major		Minor	From	To	
			3/9/1994	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)	
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 : 8/6/15 Place : Roorki

Information checked and verified - by

[Signature]
Signature of Officer

Section Officer		Ministry/Department			
E-mail Id		Room No.	211	Building Name :	
Phone No.		Wing No.			
249258					

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"/>
Address Details					
Permanant Address				City	
	State/UT	<input type="checkbox"/>	Pin Code		
Present Contact Address				City	
	State/UT	<input type="checkbox"/>	Pin Code		
	Phone (Off)		Fax.		
	Phone(Res)		Mob No		
	E-Mail (Mandatory)				