

प्रशा. अनु. रजि. नं./Admn. Section, NIH  
 डायरी नं./Diary No... 1364  
 दिनांक/Date... 26/06/15

## ER Sheet Data Entry Form

Basic Data									
Officer ID No. Details 1392									
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				
<input type="checkbox"/>	SUBHASH		CHANDRA		Initials SC				
CSL No./SCSL No. (if known)									
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	08.06.1970	Date of Retirement	30.06.2030			
Community			Religion		HINDU				
Father's Name SH. PALTU RAM									
Birth Details									
Birth Place		Birth State/UT		Nationality					
VILL. RODRKE		UK		INDIAN					
Birth District			Mother Tongue						
HARIDWAR			HINDI						
Domicile		Physically Handicap Status							
		No							
Blood Group		Identification Marks							
B+									
Marital Details									
Marital Status		Spouse Name							
MARRIED		SMT. LATA							
Spouse Nationality									
Joining Details									
Source of Recruitment		Joining Date		Retirement Details					
INTERVIEW		08.11.1994		30.06.2030					
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	
Inter				ELECTRICAL	
Year	Division	CGPA		Specialization 2	
1995	JIT				
Institution		University		Place	Country
		UP BOARD		ROORKEE	INDIA
Experience					
ELECTRICIAN					
Type of Posting			Level		
TECHNICAL <input checked="" type="checkbox"/>					
Designation MTS-T			Present Position MTS-Technician <input checked="" type="checkbox"/>		
Ministry MOWR. <input checked="" type="checkbox"/>			Department NIH, ROORKEE <input checked="" type="checkbox"/>		
Office MAINTENANCE			Place ROORKEE		
Experience Subject			Period of Posting		
Major		Minor		From	To
				08.11.1994	Till DATE
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject					
Training					
Training Year		Training Name ✓		Training Subject	
		RAJBHASHA HINDI		X	
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 checked="" type="checkbox"/> Qualified
					<input type="checkbox"/> Not Qualified
Awards/Publications					
Type of Activity :		<input type="checkbox"/> Academic		<input type="checkbox"/> 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: 08/06/2015 Place: ROORKEE

Information checked and verified - by

20/06/2015  
Signature of Officer

Section Officer	4	Ministry/Department	
E-mail Id	Sardmn@nih.ernet.in	Room No.	211
Phone No.	249258	Building Name :	
		Wing No.	

Remarks (if any)					
Language Known		HINDI			
		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 checked="" type="checkbox"/>
	3	<del>                    </del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4	<del>                    </del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5	<del>                    </del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foreign Lang. Known	1	<del>                    </del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2	Nil	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3	<del>                    </del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Address Details</b> ✓					
Permanant Address		Nil. MALAKPUR MAJRA P.O-DHANDHERI T.C. ROORKEE PT-HARIDWAR-		City	ROORKEE
		State/UT	UJTRAKHAND <input type="checkbox"/>	Pin Code	247 667
Present Contact Address		SAME AS ABOVE		City	do
		State/UT	do <input type="checkbox"/>	Pin Code	do
		Phone (Off)	01332249261	Fax.	
		Phone(Res)	do	Mob No	7409379577
		E-Mail (Mandatory)			