

प्रशा. अनु. सं. सं. / Admin. Section, NIH

डायरी नं./Diary No. 1301

दिनांक/Date. 1.11.2015

948

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details		0399	
Service	CSS	Cadre	Sub Cadre
Select List Year (Allot Year)		Id No. will be allotted by CS Division, LNR	

Name Details

Title	First Name	Middle Name	Sur Name
	BRISPAL	SINGH	
CSL No./SCSL No: (if known)		Initials	
		BPS Singh	
Sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Date of Retirement
		30-11-1961	30-11-2021
Community		Religion	
SC		HINDU	
Father's Name		Sh. RAJHUBIR SINGH	

Birth Details

Birth Place	NAGALA AMAR	Birth State/UT	UTTARAKHAND	Nationality	INDIAN
Birth District	HARIDWAR (UK)	Mother Tongue		HINDI	
Domicile	NO-	Physically Handicap Status		NO	
Blood Group	B+HY	Identification Marks		A Cut mark on right foot	

Marital Details

Marital Status	MARRIED	Spouse Name	MRS USHA RANI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BY INTERVIEW	Joining Date	21-5-96	Retirement Details	30/11/2021
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Sh. Kataria
1/16

1/4

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	Weather it is a personal or official visit	Detail of visit

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From
Roodkee	2000-	KAKINADA

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
High School					
Year	Division	CGPA		Specialization 2	
1986					
Institution		University		Place	Country
UP Board				RKE	India
Experience					
Type of Posting			Level		
Designation			Present Position		
DRIVER			DRIVER		
Ministry			Department		
MOWR. AD & GR. GOVT OF INDIA			NIH		
Office			Place		
NIH			ROORKEE		
Experience Subject			Period of Posting		
Major		Minor		From	To
Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject					
Training					
Training Year	Training Name			Training Subject	
2015	DRIVER REFRESHMENT TRAINING				
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority		Period of Training		Duration	Result
IDTR		From	To	(in Weeks)	<input type="radio"/> Qualified
		24-4-15	25-4-15		<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: 15-6-15 Place: ROORKEE

Information checked and verified - by

Signature of Officer *Brijesh Singh*

Section Officer	<i>hr.</i>	Ministry/Department			
E-mail Id	soadm@nih.ernet.in	Room No.	211	Building Name :	
Phone No.	243258	Wing No.			

Remarks (if any)							
Language Known							
			Read	Write	Speak		
Indian Languages Known	1	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Foreign Lang. Known	1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Address Details							
Permanant Address	Village Nagla Amad Post. Off. Munglaur. Distt Hardwar			City			
	State/UT	Uttarakhand	<input checked="" type="checkbox"/>	Pin Code			
Present Contact Address	BF 5 Jalvihar residential (colony. NIH) Roostek			City		Roostek	
	State/UT	Uttarakhand	<input checked="" type="checkbox"/>	Pin Code		247667	
	Phone (Off)	01332272108		Fax	01332272123		
	Phone (Res)			Mob No	8445500833		
	E-Mail (Mandatory)						