

ER Sheet Data Entry Form

Basic Data									
Officer ID No. Details									
Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNB		
						1400			
Select List Year (Allot Year)									
Name Details									
Title	First Name	Middle Name	Sur Name						
Dr.	ARCHANA		SARKAR			Initials			
CSL No./ SCSL No: (if known)									
Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	09/09/1965	Date of Retirement				
Community			Religion		HINDU				
Father's Name		Dr. P. C. GUPTA							
Birth Details									
Birth Place	MEERUT	Birth State/UT	U. P.	Nationality	INDIAN				
Birth District	MEERUT	Mother Tongue			HINDI				
Domicile	Uttarakhand	Physically Handicap Status							
Blood Group	B +VE	Identification Marks			MOLE ON RIGHT INDEX FINGER				
Marital Details									
Marital Status	Married	Spouse Name			Dr. SHANTANU SARKAR				
Spouse Nationality	INDIAN								
Joining Details									
Source of Recruitment		Joining Date	08/11/1996	Retirement Details	30/09/2025				
Departmental Examination Details									
	Level	Year			Rank				
1									
2									
3									

marks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	HINDI	Fluent	Fluent
	2	BENGALI	-	Fluent
	3			
	4			
	5			
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent
	2			
	3			

Address Details

Permanant Address	A-23, CBRI COLONY	City	ROORKEE	
	State/UT	UTTARAKHAND	Pin Code	247667
Present Contact Address	A-23, CBRI COLONY	City	ROORKEE	
	State/UT	UTTARAKHAND	Pin Code	247667
	Phone (Off)	1332249231	Fax.	1332272123
	Phone(Res)	1332249107	Mob No	9411100704
	E-Mail (Mandatory)	archana@nihernet.in		

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

Qualification		Discipline		Specialization 1	
Ph D		Water Resources			
Year	Division		CGPA	Specialization 2	
2013					
Institution		University		Place	Country

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
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		
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 : _____ Place : _____
Information checked and verified - by _____


Signature of Officer

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