

ER Sheet Data Entry Form

Basic Data
Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB	
							1407	

Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Dr	S P Rai		Rai	S P	

 CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	June 30, 1966	Date of Retirement	June 30, 2026
Community		General			Religion		Hindu	
Father's Name		Shri Sheo Dev Rai						

Birth Details

Birth Place	Ramgarh, Azamgarh	Birth State/UT	Uttar Pradesh	Nationality	Indian
Birth District	Azamgarh	Mother Tongue		Hindi	
Domicile	Uttar Pradesh	Physically Handicap Status			
Blood Group	B +ve	Identification Marks		A small scar on forehead	

Marital Details

Marital Status	Married	Spouse Name	Mrs. Bindu Mati Rai
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	8 November 1996	Retirement Details	30.06.2016
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)									
Language Known									
		Read		Write		Speak			
Indian Languages Known	1	Hindi	Fluent	Fluent	Fluent				
	2		No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>				
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent				
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Address Details									
Permanant Address		Vill. & Post Ramgarh			City		Azamgarh		
		State/UT		Uttar Pradesh <input type="checkbox"/>	Pin Code				
Present Contact Address		H. No. 611, Solanipuram, Roorkee			City		Roorkee		
		State/UT		Uttarakhand	Pin Code		247,667		
		Phone (Off)		1,332,249,222	Fax.		1,332,272,123		
		Phone(Res)		1,332,276,195	Mob No		9,411,100,367		
		E-Mail (Mandatory)		spr@nih.ernet.in					

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
PH D		Geology		Hydrogeology
Year	Division	CGPA		Specialization 2
1995	First			Geomorphology
Institution		University	Place	Country
Kumaun University, Nainital			Nainital	India
Experience				
Type of Posting			Level	
OTHER			<input type="checkbox"/>	
Designation			Present Position	
Scientist 'E'			Regular	
Ministry			Department	
M/o Water Resources, RD & GR (G. O. I.)			National Institute of Hydrology (N.I.H.)	
Office			Place	
Hydrological Investigations Division			Roorkee	
Experience Subject			Period of Posting	
Major		Minor	From	To
Application of isotope in various field		hydrochemistry, GIS application	November 8, 1996	Till Date
Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject				
Training				
Training Year	Training Name		Training Subject	
1997	Fourth Training Course on Glaciology		Glaciology	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)
None	GSI, Lucknow			Chaurabari Glacier
Sponsoring Authority		Period of Training		Duration
		From	To	(in Weeks)
		September 1997		one month
				<input checked="" 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
Research Work		R&D work, consultancy, reserach paper		
Day	Month	Year	Activity Description/Remarks	
			about 50 research papers	
			International	<input 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 : _____ Place : _____
Information checked and verified - by _____

Signature of Officer

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