

प्रशा.अनु.राज.रा./Admn. Section, NIH

हायरी नं./Diary No. 527

दिनांक/Date. 28/06/15

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details

1421

Service CSS

Cadre

TECHNICAL

Sub  
Cadre

GR. B. TECHNICAL

Id No.

1421

will be allotted by CS  
Division, LNRSelect List Year (Allot  
Year)

## Name Details

Title

First Name

Middle Name

Sur Name

Mr. 

SANJEEV

KUMAR

SATYARTHI

Initials

SK

CSL No./  
SCSL No: (if known)

Sex

 Male Female

Date of Birth

15-05-1976

Date of Retirement

30-05-2036

Community

HINDU

Religion

HINDU

Father's Name

SRI KRISHAN

## Birth Details

Birth Place

HARIDWAR

Birth State/UT

UTTARAKHAND

Nationality

INDIAN

Birth District

HARIDWAR

Mother Tongue

HINDI

Domicile

HARIDWAR

Physically Handicap Status

-

Blood Group

AB+ve

Identification Marks

BURNING SPOTS ON  
RIGHT THIGH

## Marital Details

Marital Status

MARRIED

Spouse Name

Smt REKHA RANI

Spouse Nationality

INDIAN

## Joining Details

Source of  
RecruitmentINTERVIEW  
DIRECT RECRUIT  
MENTJoining  
Date

22-OCT-1997

Retirement  
Details

30-05-2036

## Departmental Examination Details

Level

Year

Rank

1

2

3

Qualification (Use extra photocopy sheets for mult qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
INTERSCIENCE + DIP IN ENGG.		ELECTRICAL		ELECT ENGG.	
Year	Division	CGPA		Specialization 2	
1996	I	70.3%		-	
Institution		University		Place	Country
TECHNICAL COLLEGE		DAYALBAGH UNIV.		A6RA	INDIA
Experience					
Type of Posting			Level		
JE (ELECT) - MAINTENANCE <input checked="" type="checkbox"/>			GROUP C <input checked="" type="checkbox"/>		
Designation			Present Position		
JE (E) <input checked="" type="checkbox"/>			JE (E) Sr. gd. <input checked="" type="checkbox"/>		
Ministry			Department		
MOWR			NIH		
Office			Place		
			ROORKEE		
Experience Subject			Period of Posting		
Major		Minor		From	To
Note:-Refer the Annexure to fill above Major, Minor Subjects and below giyan training subject					
Training					
Training Year	Training Name			Training Subject	
✓					
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
<input checked="" type="checkbox"/>					
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
					<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: 24/6/15 Place: ROORKEE

Information checked and verified - by

Signature of Officer

Section Officer	<i>by</i>	Ministry/Department	NIH
E-mail Id	SOadmn@nihernet.in	Room No.	211
Phone No.	249258	Wing No.	
		Building Name :	

Remarks (if any)					
Language Known					
		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 type="checkbox"/>
	3	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Address Details					
Permanant Address	C/O PRADEEP KUMAR SUIT 511 - PALM SPRING LINK ROAD - MALAD (N)		City	MUMBAI	
	State/UT	MAHARASHTRA <input checked="" type="checkbox"/>	Pin Code	64	
Present Contact Address	S.K. SATYARTHI, D-20 SHIVALIK NAGAR, BHEL		City	HAPIDWAR	
	State/UT	UTTARANCHAL <input checked="" type="checkbox"/>	Pin Code	249403	
	Phone (Off)	249270	Fax.	-	
	Phone (Res)	-	Mob No	-	
	E-Mail (Mandatory)	satyarthinih@gmail.com			