

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
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	pcn
Dr	Purna	Chandra	Nayak		
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	Feb 19, 1972	Date of Retirement	Feb 29, 1932
Community		ST	Religion	Hindu	
Father's Name		Giridhari Nayak			

Birth Details

Birth Place	Pathar Padia	Birth State/UT	Orissa	Nationality	Indian
Birth District	Mayurbhanj	Mother Tongue		Odia	
Domicile	Orissa	Physically Handicap Status			
Blood Group	AB +ve	Identification Marks	Black mole on right hand sh		

Marital Details

Marital Status	Married	Spouse Name	Jashomati Naik
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRADE DIRECT	Joining Date	Mar 24, 1998	Retirement Details	29-03-2032
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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	Odia	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Limited	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				
Address Details					
Permanant Address		Vill-Pathar Padia, Asana Post, Mayurbhanj Dist, Odisha-757033		City	
		State/UT	Orissa	Pin Code	757,033
Present Contact Address		Deltaic Regional Centre, National Institute of Hydrology		City	Kakinada
		State/UT	Andhra Pradesh	Pin Code	533,003
		Phone (Off)	8,842,372,254	Fax.	8,842,350,054
		Phone(Res)	8,842,352,473	Mob No	9,492,776,420
		E-Mail (Mandatory)	nayak.nihr@gov.in, nayakpc@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
M. Tech		Civil Engineering		Water Resources Engineering
Year	Division	CGPA	Specialization 2	
1,995	1 st	8.39		
Institution	University	Place	Country	
IIT Kharagpur	IIT Kharagpur	Kharagpur	India	
Experience				
Type of Posting			Level	
Designation			Present Position	
			Regular	
Ministry			Department	
Office			Place	
Experience Subject			Period of Posting	
Major	Minor	From	To	
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject</i>				
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.	

