

प्रशासनिक सेवा/Admn. Section, NIH

डायारी नं./Diary No. 508

दिनांक/Date. 24/06/15

ER Sheet Data Entry Form

Basic Data										
Officer ID No. Details 442										
Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNR			
						1442				
Select List Year (Allot Year)										
Name Details										
Title		First Name		Middle Name		Sur Name				
Mr.		THRIMURTHULU				MUNASALA		Initials		
CSL No./		SCSL No: (if known)								
Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	15-09-1978	Date of Retirement	30-9-2038				
Community		OBC		Religion		HINDU				
Father's Name		MUNASALA TATHABBAI								
Birth Details										
Birth Place		KAKINADA		Birth State/UT		ANADHRA PRADESH		Nationality		INDIAN
Birth District		EAST GODAVARI		Mother Tongue		TELGU				
Domicile				Physically Handicap Status						
Blood Group		B+ve		Identification Marks		MOLU IN THE CHIN				
Marital Details										
Marital Status		MARRIED		Spouse Name		M. KALYANI				
Spouse Nationality		INDIAN								
Joining Details										
Source of Recruitment		Newspaper (Direct)		Joining Date		07-07-2004		Retirement Details		30-9-2038
Departmental Examination Details										
Level		Year		Rank						
1										
2										
3										

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
VIII					
Year	Division	CGPA	Specialization 2		
1991					
Institution		University	Place	Country	
P.L.K. High School			Pakhal	India	
Experience					
Type of Posting			Level		
			Group C		
Designation			Present Position		
Driver			Driver		
Ministry			Department		
Ministry of water Resources (Govt)			National Institute of Hydrology		
Office			Place		
National Institute of Hydrology (DRC)					
Experience Subject			Period of Posting		
Major	Minor	From	To		
		7-7-2004	contd...		
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 : 17-06-2015 Place : Kakinada

Information checked and verified - by

M. Phani Reddy
Signature of Officer

Section Officer	<i>[Signature]</i>	Ministry/Department	
E-mail Id	sdadm@nic.ernet.in	Room No.	Building Name :
Phone No.	249258	Wing No.	