

प्रशा.अ.बु.सं.सं.सं./Admn. Section, NIH

हायरी नं./Diary No. 510

दिनांक/Date. 24/06/15

ER Sheet Data Entry Form

Basic Data									
Officer ID No. Details									
Service	CSS	Cadre	GROUP - A		Sub Cadre	Id No.	will be allotted by CS Division, LNR		
						1443			
Select List Year (Allot Year)		2005							
Name Details									
Title	First Name	Middle Name	Sur Name						
Mr	VENKATA	RAMANA	RAMBHA						
Initials		R							
CSL No./SCSL No: (if known)									
Sex	<input type="radio"/> Male <input checked="" type="radio"/>	<input type="radio"/> Female	Date of Birth	15-02-1973	Date of Retirement	28-02-2033			
Community		OBC	Religion		HINDU				
Father's Name		SRIRAMULU NAIDU							
Birth Details									
Birth Place	SIVARAMPURAM	Birth State/UT	ANDHRA PRADESH	Nationality	INDIAN				
Birth District	VIZIANAGARAM	Mother Tongue		TELUGU					
Domicile		Physically Handicap Status	PARTIAL BLIND						
Blood Group	B+V	Identification Marks	MOLE ON BELOW RIGHT EYE MOLE ON LEFT ARM						
Marital Details									
Marital Status	MARRIED	Spouse Name		R. GEETA BHAVNI					
Spouse Nationality		INDIAN							
Joining Details									
Source of Recruitment	DIRECT RECRUITMENT (NIH)	Joining Date	13.07.2005	Retirement Details	28-02-2033				
Departmental Examination Details									
Level	Year	Rank							
1									
2									
3									

Detail of deputation (if applicable)

Name of the office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From

— Nil —

Detail of Foreign visit

Sl. No.	Place of visit	Date of visit	Post held at that time	Weather it is a personal or official visit	Detail of visit

— Nil —

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From
CFHS, NIH, PATNA	2005	2013

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
M.TECH		CIVIL ENGINEERING		HYDRAULICS AND WATER RESOURCES ^{ESIGN.}	
Year		Division		Specialization 2	
1999-2001		FIRST			
Institution		University		Place	
IIT MADRAS				CHENNAI	
				INDIA	
Experience					
Type of Posting			Level		
RESEARCH GROUP-A <input checked="" type="checkbox"/>			GROUP-A GROUP-A <input checked="" type="checkbox"/>		
Designation			Present Position		
SCIENTIST <input checked="" type="checkbox"/>			SCIENTIST - C <input checked="" type="checkbox"/>		
Ministry			Department		
Water Resources, River Development and Gauge Rejuvenation			National Institute of Hydrology		
Office			Place		
DELTAIC REGIONAL CENTRE			KAKINADA		
Experience Subject			Period of Posting		
Major		Minor		To	
URBAN HYDROLOGY		HYDROLOGY		TILL DATE	
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	
<input checked="" type="checkbox"/>					
Sponsoring Authority		Period of Training		Duration	
		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: 17.6.2015 Place: Kakinada.
 Information checked and verified - by


 Signature of Officer

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

P. J. C.

Remarks (if any)							
Language Known							
		Read		Write		Speak	
Indian Languages Known	1	TELEGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	ENGLISH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	HINDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<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"/>
Foreign Lang. Known	1		<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"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details							
Permanant Address		SIVARAMURAM (VILL) SUBHADRA (POST); BOBBILI (via)			City		
	State/UT	ANDHRA PRADESH <input checked="" type="checkbox"/>		Pin Code		535 558	
Present Contact Address		CHANDRA-5, DRG NIH STAFF COLONY			City		KAKINADA
	State/UT	ANDHRA PRADESH <input checked="" type="checkbox"/>		Pin Code		533 003	
	Phone (Off)	0884-2372254		Fax.		0884-2350054	
	Phone (Res)	0884-2362138		Mob No		8331802138	
	E-Mail (Mandatory)	Venkataramana - 1973@yahoo.co.in					