

प्रशा.अनु.रा.ज.स./Admn. Section, NBB

हायरी नं./Diary No.....

दिनांक/Date: 19/06/15

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details		1465	
Service	CSS	Cadre	Sub Cadre
<input checked="" type="checkbox"/>		GROUP. C (T)	
Id No.			will be allotted by CS Division, LNR
			1465
Select List Year (Allot Year)			

Name Details

Title	First Name	Middle Name	Sur Name
	CHANDRAN	AMBIKA	
			Initials
CSL No./ SCSL No: (if known)			
Sex	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Date of Birth
			15.04.1968
			Date of Retirement
			30.04.2028
Community	NAIR	Religion	HINDU
Father's Name	K. P. CHANDRAN PILLAI		

Birth Details

Birth Place	THIRUVALLA	Birth State/UT	KERALA	Nationality	INDIAN
Birth District	ALAPPUZHA	Mother Tongue	MALAYALAM		
Domicile	KERALA	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	A BLACK MOLE ON THE RIGHT FOR ARM		

Marital Details

Marital Status	MARRIED	Spouse Name	T. P. PANICKER
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	CAMPASSIONATE	Joining Date	11.07.2013	Retirement Details	30.04.2028
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Departmental Examination Details

	Level	Year	Rank
1	10 th	1983	III rd
2	BA. [Sahita - Acharya]	1989	11
3	BED [Acharya]	1991	11

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
NIH	MTS(T)			

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

Transfer/Posting detail (if applicable)

Place	Period of posting	
	Since	From

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
BA. B. ED					
Year	Division	CGPA		Specialization 2	
1989 - 91					
Institution	University	Place	Country		
	K. H. P. S. KERALA	TRIVANDRUM	INDIAN		
Experience					
Type of Posting			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
Experience Subject			Period of Posting		
Major		Minor	From		To
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 :

Place :

Information checked and verified - by

Signature of Officer

Section Officer	<i>ly</i>	Ministry/Department	
E-mail Id	soadmm@nich.ernet.in	Room No.	211
Phone No.	249258	Wing No.	
Building Name :			

Remarks (if any)							
Language Known							
			Read	Write	Speak		
Indian Languages Known	1	MALAYALAM	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>		
	2	HINDI	<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	ENGLISH	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" 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		KRISHNA VILASOM	City	BUDHANPOR			
		State/UT	KERALA <input type="checkbox"/>	Pin Code	689510		
Present Contact Address		BS-I, N.H, COLONY ROORKEE		City			
		State/UT	UTTRAKHAND <input type="checkbox"/>	Pin Code	247667		
		Phone (Off)		Fax.			
		Phone(Res)	01332-276733	Mob No	9410327169		
		E-Mail (Mandatory)	Cambika 9 at@gmail.com				