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Basic	Data					वसाव्याव्याव्याव्याव्याव्याच्या इ.स.चरी वं										
Officer	ID No	. Detai	s			देनॉक/D										
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Name [	Detail	s														
Title	е		First	Name			Mid	dle Na	ime		Su	r Nan	ne			
Dr Rajesh							Sin			ingh			Initials			
	CSL	No./ . No: (if	know	m)											- 1	
Sex		Male		emale	Date	of Birt	h lan	08.198			Date of	Retire	ement	24.00	1010	31.02.20
	0						10.	00,190							1940	31.00.20
Community				Gene	General			Religion			ion	Hindu				
	Fati	her's Na	ame	Shri R	anjee	Singh										
Birth De	etails			1												
Birth Place Banger				ger Bar	er Bari Birth State/			UT Uttar Pradesh			Nationality		Indian			
Birth District			Deoria				Mother Tongue				Hindi/Bhojpuri					
Domicile Uttar			Pradesh				Physically Handicap Status			tatus						
Blood Group				B +ve				Identification Marks			5	mole on right cheek				
Marital	Detai	ils														
Marital Status			Married			Spouse Name				sujata						
Spouse Nationality				India	Indian											
Joining	Deta	ils														
Source of Recruitment SELEC				ECTIO	CTION GRADE Joining						Retirement Details					
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Remarks (if any)						
anguage Known						
		Read	Write	Speak		
Indian Languages	1 Hindi	Fluent	Fluent	Fluent		
Known	2 English	Fluent	Fluent	Fluent Fluent Limited		
	3 Bhojpuri	Fluent	Fluent			
	4 Gujarati	Fluent	No			
	5					
Foreign Lang.	1					
Known	2					
A President	3					
Address Details						
Permanant Addres	S/O Shri Ranje	eet Singh, Vill. Banger Bari	City	Khampar, Deoria		
	State/UT	Uttar Pradesh	Pin Code	*		
Present Contact Address		Hydrology Division, ite of Hydrology	City	Roorkeeu		
	State/UT	Uttarakhand	Pin Code	2,476,677		
	Phone (Off)	249,316	Fax.	272,123		
	Phone(Res)		Mob No	9,267,483,749		
	E-Mail (Mandatory)	rsingh@nih.ernet.in		1		

Qualification		Disciplin	е		Specialization 1				
Ph.D.	Analy	tical Chemstry		Environ	Environment				
Year	Divis	ion	CGPA	GPA		alization 2			
2,008									
Institution		University		Place		Country			
Department of Chemistr	y Veer Nam	mad South Gujarat	Je Surat	Surat		India			
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Note:-Refer the Annexur	to fill above M	ajor, Minor Subjects	and below	givan training s	ubject	Tal.			
Training						242-2-11-2			
Training Year	Trainir	ng Name		Tra	aining Subject				
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Sponsoring Authori	ly	Period of Trainin	Training		n	Result			
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						Not Qualified			
Awards/Publications									
Туре о	f Activity:	0	○ Academic			O Non Academic			
Activity A	rea	Act	Activity Subject			Activity Title			
Day Month	Year	Activity De	ivity Description/Remarks			Level			
Note: (i) Concerned proforma.	CSS officer is		e correctne	ess of informa	tion sent t	through ER Shee			

Ministry/Department

Building Name:

Room No.

Wing No.

Section Officer

E-mail Id

Phone No.