

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	SCIENTIST	Sub Cadre	SCIENTIST E	Id No.	will be allotted by C Division, LNB
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Select List Year (Allot Year)

1997

## Name Details

Title	First Name	Middle Name	Sur Name	Initials	RV	
Mr.	RAVI	VYANKATRAO	GALKATE		RV	
CSL No./ SCSL No: (if known)						
Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	29/10/1968	Date of Retirement	31/10/2028
Community		ST	Religion		Hindu	
Father's Name		VYANKATRAO				

## Birth Details

Birth Place	NAGPUR	Birth State/UT	<input type="text"/>	Nationality	INDIAN
Birth District	NAGPUR	Mother Tongue		MARATHI	
Domicile	Madhya Pradesh	Physically Handicap Status		<input type="text"/>	
Blood Group	B +ve	Identification Marks		SCAR ON RT LEG	

## Marital Details

Marital Status	Married	Spouse Name	MADHURI
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	06/01/1997	Retirement Details	31/10/2028
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## Departmental Examination Details

	Level	Year	Rank
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks (if any)							
Language Known							
		<b>Read</b>		<b>Write</b>		<b>Speak</b>	
Indian Languages Known	1	HINDI	Fluent	Fluent	Fluent		
	2	MARATHI	Fluent	Fluent	Fluent		
	3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Fluent		
	2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address Details</b>							
Permanant Address		FLAT NO S-3, KRISHNA BLOCK, ULTIMATE CAMPUS, SHIRDIPURAM, KOLAR ROAD		City		BHOPAL	
		State/UT		Madhya Pradesh		Pin Code	
						462,042	
Present Contact Address		SAME AS PERMANANT ADDRESS		City			
		State/UT		<input type="text"/>		Pin Code	
		Phone (Off)		7,552,491,243		Fax.	
		Phone(Res)		7,552,479,314		Mob No	
		E-Mail (Mandatory)		galkate.nihr@gov.in, rgalkate@yahoo.co.in			

**Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)**

Qualification		Discipline		Specialization 1	
M. Tech		Agricultural Engineering		Soil and Water Conservation Engg	
Year	Division	CGPA		Specialization 2	
1,992		7.55			
Institution		University		Place	
IIT, Kharagpur				Kharagpur	
				India	

**Experience**

Type of Posting		Level			
OTHER		Addl Secy			
Designation		Present Position			
Research Officer		Regular			
Ministry		Department			
Ministry of Water Resources, River Development and		National Institute of Hydrology			
Office		Place			
Central India Hydrology Regional Centre		Bhopal			
Experience Subject		Period of Posting			
Major		Minor		From	To
Hydrology, Drought, Modeling, Climat		River basin modeling, demand s		Jan 1, 1997	Jan 1, 2018

**Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject**

**Training**

Training Year		Training Name		Training Subject	
2,011		Use of DSS in water resources management a		water resources management	
Level		Institute Name, Place		Field Visit Country	
B		DHI, Copenhegan		Denmark	
Sponsoring Authority		Period of Training		Duration	
DHI		From		( in Weeks)	
		To			
		17/09/2011		09/10/2011	
				3 week	
				<input checked="" 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.	