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Birth D	eta	ails												2 - 10		15	-	
Birth Place Sivar				rampuram Birth State			e/UT Andhra Pr			Pradesh Nat		Natio	ionality		7.71			
Birth District				Viziyanagaram			Mother Tongue			3,575	Telugu							
20030				ra Pradesh			(A)	Physically Handicap Sta			itus	S Visually Handicapped(້າວ						
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larital				12.5-11		Feb	m		191	MADE		GREIN!	7/		ngbine	37		
Marital Status				Married			Spouse Name					F	R.GEETA BHAVANI					
Sp	oou	se N	ationa	lity	India	n												
oining				Al an					Trans									
Reciditifient				NIH	Joinin Date				1 1 1 2 2 2 2 2 2		Retiremer Details			28-03-2033				
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Remarks (if any)	SIM IN			1 0 0000 000					
Language Known	2754	VICE A ROLL AND A ROLL							
		Read	Write	Speak					
Indian Languages 1	Telugu	Fluent	Fluent	Fluent					
Known 2	Hindi	Limited	Limited	Limited					
3	English	Fluent	Fluent	Fluent					
Foreign Lang. 1 Known 2	. Interne upwar	Flaster Property							
Address Details	Libraria			100					
Permanant Address	Sivrampuram(v Balijipeta(mand	illage), Subhadra(post), al), Viziyanagaram(Distt.)	City	MARAN SHARE WAS A					
	State/UT	Andhra Pradesh	Pin Code	535,558					
Present Contact Address	Qrt No: a-5, NII- Siddartha Naga	Staff Colony. DRC, NIH, r, Beside RTA Office	City	KAKINADA					
	State/UT	Andhra Pradesh	Pin Code	533,003					
	Phone (Off)	8,842,372,254	Fax.	8,842,350,054					
	Phone(Res)	8,842,972,138	Mob No	8,331,802,138					
	E-Mail (Mandatory)	vramana.nihr@gov.in	3	0,001,002,100					

	extra photocopy	sheets for mu	lti qualifica	tions, exp	erience, trainin	g, awar	ds details)				
Qualificati	on		Discipline	scipline			Specialization 1				
.VI.Tech	Civ		Ну			draulics and Water Resources Engo					
Year	Di		CGPA		Specialization 2						
2,001	1 Frist						An Academy				
Institution		University	/	Place			Country				
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Urban Hydrology an	d Modeling on s	Soft comput	ting		Jul 13, 2005		till date				
Note:-Refer the Anne	xure to fill above	Major, Minor S	Subjects an	d below g	givan training su	bject					
Training					with the state of		imulan -				
Training Year	Trai	ning Name	•		Tra	ining S	Subject				
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	y Area			Activity Subject			Activity Title				
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	THE PERSON NAMED IN		The Decemption of territorial to			2070					
(ii) Subject t	a. to verification b	y the concerr	ned admin			ion ser	nt through ER Sheet				
Date: ((+3, 2)	19 Place:	Kalumaa	la			Sig	nature of Officer				
Section Officer		stry/Depar	ry/Department								
-mail Id			Room No.			Building Name :					
Phone No.		Wind	ı No								