ER Sheet Data Entry Form															
Basic [	Data														
Officer I	D No.	Details													
Service GSS Cadre				roup A		Sub Cadre Co				l l	<b>VO. (</b> Issu e Affairs)	ed by M/o	Employee Code		
					Servi	ce						Y 1	130240	017915	00040
Select Li	st Year	(Allot													
Year)															
Name D	Details														
Tittle	•	_	irst Na	amo			Middle	NI-	amo		Sur N	Jamo			
							Wildule	INC	anie		Suri	Name		Initials	<b>N</b> 7
Mr.	1		UMAR		Dat	t D:				 D_a4i=a			N		
Sex		Male		emale	Dat	e of Bi	rtn	20.	.7.1970	L	Date of	Retire	ement	31.	7.2030
	С	ommur	nity			OBC	•		Re	eligi	on			HINDU	
Father's Name					Mr. G. NARAYANA SAMY										
Birth De	tails														
Birth Place NAC		GAPATINAM Birth State/UT				TAMIL NADU N			Nati	ationality INDIAN		VDIAN			
Birth District		NA	NAGAPATINAM			Mother Tongue				TAM	IIL				
Domicile		TAMIL NADU			Physically Handicap			dicap							
				TAMILIVADU			Status  Identification Marks								
Blood Group		O+ve			identification warks		S	A mole	on the rig	ght shoulder					
Marital [				•											
Marital Status		Married				Spou	ise N	Name		Mr	s K. IND	UMATHI			
Spouse Nationality			INDIAN												
Joining I	Details	3		<u> </u>											
Source of Direct Recruitment UPSC Service		C in	-		_	g	7.10.1996 Retiremen			31.7.2030					
Departm	nental	Exami			;			_							
Level			Year			ır	Rank								
1	1 Senior Research Offic			)fficer*	r* 2002										
2		Scientis	Scientist – D*			2013									
3	3														
Remark	s (if ar	ıy)				* Exa	mination	ns w	vere cond	ucte	d by UP	SC as	Person	al Talks	

Languages Known											
					Re	ad		Write	Spea	ak	
	1		TAMIL		FL	UENT		FLUENT		FLUENT	,
Indian Languages	2		HINDI		LIM	ITED		LIMITED		FLUENT	7
Indian Languages Known	3										
	4										
	5										
	1		ENGLISH		FL	UENT	<u> </u>	FLUENT		FLUENT	,
Foreign Lang.	2										
Known	3										
Address Details											
Permanent Address		No. 2	Simcometer agar	· Road,			City		,	TIRUCHIRA	APALLI
		State	e/UT	TAM	IL NAI	DU	Pin	Code		62002	2.1
Present Contact Address		Flat r	o. 202, Plot HALI	no. 308, S	Sector –	- 4,	City			GHAZIA	BAD
		State	e/UT	UTTAF	R PRAL	DESH	Pin	Code		20101	0
Р			` ,		011 26532575		Fax	Fax.		011 2685	3108
			, ,		0120 2772666		Mo	Mob No		9868248441	
E-Mai ( Mano			ail ndatory)	nkvel@nic.in							
Qualification ( Use ex	tra ph	otocop	y sheets for I	multi quali	fication	ıs, expe	rience	, training, a	awards	details)	
Qualificatio	n			Discip	oline				Spec	ialization 1	
MSc				Computer	ter Science				Computer Networks		\(\chi_S\)
Year			Division CGPA			GPA	Specializa			ialization 2	
1992			FIRST			68%				perating Systems	
Institution			University				Place			Country	
St. Joseph's Colle Experience	ege		Bharathidasa	an Univer.	sity	TIR	UCHI.	RAPALLI		INDI	<u> </u>
-	( -	\ · ·		1					1		
Type of Posting  CADRE					Level  Deputy Secretary Equivalent						
ח	esigna esigna							y Secretar Present P			
		ST - D						REGUL			
50.	Minis				Department						
Water Resources, I			ment & Gan	ga							
R	ejuven	ation									

	Offic	Place									
Central Soil	and Materio	New Delhi									
E	xperience			Period of	Posti	ng					
N	/lajor			Minor		Fron	m To		То		
INFORMATIO	N TECHNO	OLOGY	Server Management, Local Area Networks			7.10.1996			Till date.		
Note:- Refer the An	nexure to fi	II above Majo	or, Minor Sub	ojects and be	elow giv	en training su	bject				
Training											
Training Year	Training Year Training N					Tra	aining Subject				
Level Institute			ute Name,	Place	Field Visit Country Field Visit Place (within India)			Place (within			
Sponsoring A	Authority		Period of	Training	Duration		า	Result			
		Fı	rom	То		( in Week	(s)	$\circ$	Qualified		
					O Not Qualif		Not Qualified				
Awards/Publica	tions										
Type of Activity:							O Non Academic				
Activity Area				Activity Subject			Activity Title				
Day Month Yea	ar		Acti	Activity Description/Remarks					Level		
					-						

## **Detail of Deputation:**

Name of the Officer	Post held at the time in Parent Office	Name of Post Selected for Deputation)	Period of De	eputation
			Since	From

## **Detail of Foreign Visit:**

S. No.	Place of Visit	Date of Visit	Post held at that Time	Whether it is a Personal or Official Visit	Details of Visit

Transfer/Posting Details
--------------------------

Place	Period of Posting	

Note: (i) Concerned officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date: 1.7.2015
Place: NEW DELHI

Signature of Officer

Information checked and verified - by

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