

F. No. 60011/2/2015-Admn.  
Government of India  
Ministry of Water Resources, River Development  
And Ganga Rejuvenation  
Central Soil and Materials Research Station

Olof Palme Marg  
HauzKhas, New Delhi-110016  
15<sup>th</sup> June, 2015

**OFFICE MEMRANDUM**

**Subject: Filling up ER Sheet Data Entry Form of CSMRS Employees- reg.**

The Secretary, MOWR, RD & GR has desired that ER Sheet in respect of all employees of CSMRS should be made available to the Ministry by 30<sup>th</sup> June, 2015.

All Divisional Heads may kindly ensure that duly filled soft and hard copy of ER Sheet Data Entry Form of all the employees in their respective Division invariably reach the Admn Section by 24<sup>th</sup> June, 2015. The Soft copy of the ER Sheet may be sent to email: [us2-csmrs@nic.in](mailto:us2-csmrs@nic.in).

This issues with the approval of Director, CSMRS.

(R.N. Bharti)  
Under Secretary (Admn.)

All Divisional Heads  
Copy to All Group Heads.

### ER Sheet Data Entry Form

**Basic Data**
**Officer ID No. Details**

Service	GSS	Cadre	Group –A	Sub Cadre	Gazetted	Id No. Y2126866	Employee Code 00038
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Select List Year (Allot Year) 21/01/1985 to 24/01/1988 as RA, 25/05/1988 to

**Name Details**

Title	First Name	Middle Name	Sur Name	Initials	
	Sanjeev		Sobti		
Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30/03/1958	Date of Retirement
					31/3/2019
Community		UR	Religion	Hindu	
Father's Name		SN Sboti			

**Birth Details**

Birth Place	New Delhi	Birth State/UT	Delhi	Nationality	Indian
Birth District	South-Central, Delhi	Mother Tongue		Hindi	
Domicile	Delhi	Physically Handicap Status			
Blood Group	A+	Identification Marks	Scar mark on eyebrow of Left eye		

**Marital Details**

Marital Status	Married	Spouse Name	Richa Sobti
Spouse Nationality	Indian		

**Joining Details**

Source of Recruitment	UPSC (Interview )	Joining Date	21/01/1985	Retirement Details	31/03/2019
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**Departmental Examination Details**

	Level	Year	Rank
1			
2			
3			

Remarks (if any)

Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Hindi	✓	✓	✓
	2	English	✓	✓	✓
	3	Punjabi			✓
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details				
Permanent Address	C 4/D DDA FLATS, MUNIRKA		City	NEW DELHI
	State/UT	NEW DELHI	Pin Code	110067
Present Contact Address	C 4/D DDA FLATS, MUNIRKA		City	NEW DELHI
	State/UT	NEW DELHI	Pin Code	NEW DELHI
	Phone (Off)	011-26563140/44	Fax.	
	Phone(Res)	011-40813352	Mob No	9958411847
	E-Mail (Mandatory)	ssobti@nic.in		

Qualification ( Use extra photocopy sheets for multi qualifications, experience, training, awards details )				
Qualification		Discipline		Specialization 1
B.Tech		Mechanical Engineering		Mechanical Engineering
Year	Division	CGPA	Specialization 2	
1981	1 <sup>st</sup>	63		
Institution		University	Place	Country
T.I.E.T		Panjabi University	Patiyala	India

Experience	
Type of Posting	Level
Permanent	Group -A
Designation	Present Position
Scientist-C	Scientist-C
Ministry	Department
MoWR, RD & GR	Central Soil and Material Research Station
Office	Place
Central Soil and Material Research Station	Hauz Khas New Delhi-11016
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

### Detail of Deputation:

Name of the Officer	Post held at the time in Parent Office	Name of Post Selected for Deputation)	Period of Deputation	
			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
1					
1.					

### 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 : Place :

Information checked and verified - by      Signature of Officer

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

