

ER Sheet Data Entry Form									
Basic Data									
Officer ID No. Details									
Service	CSS	Cadre	CENTRAL HEALTH SERVICES	Sub Cadre	GENERAL DUTY MEDICAL OFFICER	Id No.			
Select List Year (Allot Year)									
Name Details									
Title		First Name			Middle Name		Sur Name		
AMITA							Initials	NANDA	
CSL No./ SCSL No: (if known)									
Sex	FEM ALE	Date Of Birth	04 FEB 1983	Date of Retirement	28FEB 2048				
Community			Religion		HINDU				
Father's Name		DARSHAN LAL NANDA							
Birth Details									
Birth Place	CHANDIGARH	Birth State/UT	CHANDIGARH	Nationality	INDIAN				
Birth District	CHANDIGARH	Mother Tongue		PUNJABI					
Domicile	HARYANA	Physically Handicap Status							
Blood Group	B POSITIVE		Identification Marks		A BLACK MOLE ON THE RIGHT CHEEK				
Marital Details									
Marital Status	MARRIED		Spouse Name		ARVIND KUMAR YADAV				
Spouse Nationality		INDIAN							
Joining Details									
Source of Recruitment		CENTRAL HEALTH SERVICES	Joining Date	14AUG2018	Retirement Details	28FEB 2048			
Departmental Examination Details									
Level			Year		Rank				
1	NA		NA		NA				
2									
3									

Details of deputation (if applicable)

Name of the Office	Post held at that time in parent office	Name of post (selected for deputation)	Period of deputation	
			Since	From
NA	NA	NA		

Details of Foreign Visit

Sl. No.	Place of Visit	Date of visit	Post held at that time	Whether it is a personal or official visit	Details of visit
	NA	NA	NA	NA	NA

Transfer/Posting Detail (if applicable)

Place	Period of posting			
	Since	From		
NA	NA	NA		
Remarks (if any)				
Language known				
		Read	Write	Speak
Indian Languages Known	HINDI	YES	YES	YES
2	ENGLISH	YES	YES	YES
3	PUNJABI			YES
4	KANNADA			YES
5				
Foreign Languages	NIL			
1				
2				
3				

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
MBBS,MS,DNB		OBSTETRICS&GYNAECOLOGY			
Year	Division		CGPA	Specialization 2	
2014-2017					
Institution		University		Place	Country
AFMC		MUHS		PUNE	INDIA
Experience					
Type of Posting			Level		
Permanent					
Designation			Present Position		
Ministry			Department		
WATER RESOURCES			CENTRAL WATER & POWER RESEARCH STATION		
Office			Place		
CW&PRS			PUNE		
Experience Subject			Period of Posting		
Major		Minor		From	To
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject</i>					
Training					
Training Year		Training Name		Training Subject	
		Field Visit Country		Field Visit Place (within India)	
Sponsoring Authority		Period of Training		Duration	Result
		From	To	(in Weeks)	Qualified
					Not Qualified
Awards/Publications					
Type of Activity:			TO	Academic	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.			

