|                     |       |            |       |            |                          |             | E              | R She          | et I       | Data E         | Entry  | Fo   | rm             |        |                       |           |          |                                 |
|---------------------|-------|------------|-------|------------|--------------------------|-------------|----------------|----------------|------------|----------------|--------|------|----------------|--------|-----------------------|-----------|----------|---------------------------------|
| Basic               | Da    | t <u>a</u> |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
| Officer II          | D N   | o. D       | etai  | ls         |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
| Service             | G     | SS         | Ca    | idre       | MoV                      | VR ,I       | RD &           | GR             |            | Sub<br>adre    |        | CS   | SMRS           |        | ld No.<br><b>B151</b> | 590000012 |          | mployee<br>Code<br><b>00874</b> |
| Select Lis<br>Year) | st Y  | ear (      | Allot | İ          |                          |             |                |                | <u>. I</u> | l              |        | 2    | .015           |        |                       |           | <u> </u> |                                 |
| Name D              | )eta  | ils        |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
| Tittle              | )     |            |       | Firs       | t Name                   |             |                | N              | Лido       | lle Na         | me     |      | 5              | Sur N  | ame                   |           |          |                                 |
| MR.                 |       | SAN        | NDE   | EP         |                          |             |                |                |            | KUMAR          |        |      | AR             |        |                       | Initials  |          |                                 |
| Sex                 |       | Mal        | е     | $\bigcirc$ | Female                   | Dat<br>Birt | te of<br>h     | 28             | .80.       | 1990           |        | Da   | ate of I       | Retire | ement                 | 31.08.205 | 0        |                                 |
|                     | (     | Comi       | mur   | nity       |                          |             | GEN            | 1              |            |                | Reli   | gio  | n              |        |                       | HINDU     |          |                                 |
|                     | Fat   | ther's     | s Na  | ame        | HARI                     | СНА         | ND             |                |            |                |        |      |                |        |                       |           |          |                                 |
| Birth De            | tails | <u> </u>   |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
|                     |       |            | ace   | СН         | HAPRO                    | LA          | Birth          | n<br>te/UT     |            | HAR            | YAN    | Α    |                | Nati   | onality               | INDIAN    | ı        |                                 |
| E                   | Birth | Dis        | trict |            | PAL                      | WAL         |                | .0,01          |            | Mo             | ther   | Tor  | ngue           |        | HIND                  | l I       |          |                                 |
| Г                   | Don   | nicile     | ,     | HA         | RYANA                    | <u> </u>    |                |                |            | nysica<br>atus | lly    |      | Hand           | icap   |                       | NO        |          |                                 |
| Е                   | Bloo  | d Gr       | oup   | )          |                          |             | B <sup>+</sup> |                |            |                | ificat | ion  | Marks          | 6      | CUT MA                | ARK ON C  | HIN      |                                 |
| Marital E           | Deta  | ils        |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
| M                   | larit | al St      | atus  | S          | MAR                      | RIE         | )              |                |            | Sp             | ouse   | e Na | ame            |        | HARIT                 | A         |          |                                 |
| Spo                 | use   | Nat        | iona  | ality      |                          |             |                |                | 1          |                |        | IN   | IDIAN          | I      |                       |           |          |                                 |
| Joining I           | Deta  | ails       |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
|                     |       | ce of      | ent   | EM         | ROUGH<br>PLOYEI<br>CHANG |             |                | Joinir<br>Date |            | 2.03.2         | 2015   |      | Retire<br>Deta |        | 31.08.                | 2050      |          |                                 |
| Departm             | ent   | al E       | xan   | nina       |                          |             | L              |                | NA         | \              |        | 1    |                |        |                       |           |          |                                 |
|                     |       |            |       |            | Leve                     | el Ye       | ear F          | Rank           |            |                |        |      |                |        |                       |           |          |                                 |
| 1                   |       |            |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |
| 2                   | _     |            |       |            |                          |             |                |                |            |                |        | _    |                |        |                       |           |          |                                 |
| 3                   |       |            |       |            |                          |             |                |                |            |                |        |      |                |        |                       |           |          |                                 |

| Remarks (if any)           |         |                                      |          |   |                    |                                     |          |  |  |
|----------------------------|---------|--------------------------------------|----------|---|--------------------|-------------------------------------|----------|--|--|
| Language Known             |         | HINDI                                |          |   |                    |                                     |          |  |  |
|                            |         |                                      |          | Read                                      | Write              | Speak                               |          |  |  |
| India Languages            |         | HINDI                                |          |   |                    |                                     |          |  |  |
| Known                      | 1       |                                      |          | l V                                       | 1 1                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |          |  |  |
|                            | 2       |                                      |          |   |                    |                                     |          |  |  |
|                            | 3       |                                      |          |   |                    |                                     |          |  |  |
|                            |         |                                      |          |   |                    |                                     |          |  |  |
|                            | 1       |                                      |          |   |                    |                                     |          |  |  |
| Foreign Lang.              | 2       |                                      |          |   |                    | _                                   |          |  |  |
| Known                      | 3       |                                      |          |   |                    |                                     |          |  |  |
| Address Details            |         | \/\/\                                |          | <u> </u>                                  | T 0':              | DALVAA                              |          |  |  |
| Permanent Addre            | SS      | VILLAGE- CH<br>POST- DHATI<br>PALWAL |          | •   | City               | PALWAL                              |          |  |  |
|                            |         | State/UT                             | HARY     | /ANA                                      | Pin Code           | 121102                              |          |  |  |
| Present Contact<br>Address |         | HOUSE NO. 3<br>SOUTH DELH            |          | IAHPUR JAT,                               | City               | NEW DELHI                           |          |  |  |
|                            |         | State/UT                             | NEW      | DELHI                                     | Pin Code           | 110049                              |          |  |  |
|                            |         | Phone (Off)                          |          |   | Fax.               |                                     |          |  |  |
|                            |         | Phone(Res)                           |          |   | Mob No             | 08527780222                         | <u> </u> |  |  |
|                            |         | E-Mail<br>( Mandatory )              | 1990s    | sandeepkumar                              | 28@gmail.com       | 1                                   |          |  |  |
| Qualification ( Use        | e extra | ` ,                                  | ts for m | ulti qualifications                       | , experience, trai | ning, awards detai                  | ls)      |  |  |
| Qualification              |         |                                      | scipline |   |                    | Specialization 1                    |          |  |  |
| 12 <sup>TH</sup>           |         |                                      | ARTS     |   |                    | -                                   |          |  |  |
| Year                       |         | Division:                            |          | CGPA                                      |                    |                                     |          |  |  |
| 2009                       |         | lind                                 |          | -   |                    |                                     |          |  |  |
|                            |         |                                      |          | <u>I</u>                                  |                    | Specialization 2                    | )        |  |  |
| Institution                |         | Boa                                  | ard/ Un  | iversity                                  | Place              | Co                                  | untry    |  |  |
| M.S.S SCHOOL,<br>PALWAL    |         |                                      | BHIW     | ANI                                       | PALWAL,<br>HARYANA | IN                                  | IDIA     |  |  |
| Experience                 |         | 1                                    |          |   | 1                  |                                     |          |  |  |
| Тур                        | e of F  | Posting                              |          |   | Le                 | evel                                |          |  |  |
| PERMANENT  Designation     |         |                                      |          | GROUP C Present Position                  |                    |                                     |          |  |  |
|                            |         |                                      |          |   |                    |                                     |          |  |  |
|                            | Minis   | stry                                 |          | Department                                |                    |                                     |          |  |  |
| MINISTRY OF WA             |         | •                                    |          | CENTRAL SOIL & MATERIALS RESEARCH STATION |                    |                                     |          |  |  |

| REJUVINATION                             | ١                           |                |            |            |  |                                  |          |                                  |               |  |  |  |
|--|-----------------------------|----------------|------------|------------|--|----------------------------------|----------|----------------------------------|---------------|--|--|--|
| Office                                   |                             |                |            |            | Place  |                                  |          |                                  |               |  |  |  |
| CSMRS BUILDING                           |                             |                |            |            | OLOF PALME MARG, HAUZ KHAS, NEW DELHI-110016 |                                  |          |                                  |               |  |  |  |
| Experience Subject                       |                             |                |            |            | Period of Posting                            |                                  |          |                                  |               |  |  |  |
| Major Mir                                |                             |                |            |            |  | Fı                               | rom      | om To                            |               |  |  |  |
| -  |                             |                |            |            |  |                                  |          |                                  |               |  |  |  |
| -  |                             |                |            |            |  |                                  | -        |                                  | -             |  |  |  |
| Note:-Refer the A                        | nnexure to                  | fill above Ma  | ajor, Mino | r Subjects | and be                                       | low given train                  | ing subj | iect                             |               |  |  |  |
| Training                                 |                             | -              |            |            |  |                                  |          |                                  |               |  |  |  |
| Training Year                            | Training Year Training Name |                |            |            |  | Trainin                          | g Subjec | ot                               |               |  |  |  |
|  |                             |                |            |            |  |                                  |          |                                  |               |  |  |  |
| Level                                    | Level                       |                | e Name,    | Place      |  | Field Visit<br>Country           |          | Field Visit Place (within India) |               |  |  |  |
|  |                             |                |            |            |  | <b>T</b>                         |          | T                                |               |  |  |  |
| Sponsoring A                             | uthority                    |                | Training   |            | Durati                                       |                                  | n Result |                                  |               |  |  |  |
|  |                             | Froi           | m          | То         |  | ( in We                          | eks)     | 0                                |               |  |  |  |
|  |                             |                |            |            |  |                                  |          | $\circ$                          | Not Qualified |  |  |  |
| Awards/Public                            |                             |                |            |            | Г  |                                  |          | T                                |               |  |  |  |
| Type of Activity :                       |                             |                |            | $\circ$    | Acad   |                                  | 0        |                                  |               |  |  |  |
| Acti                                     | vity Area                   |                |            | Activity   | Subje  | ect                              |          | Activ                            | vity Title    |  |  |  |
|  |                             |                |            |            |  |                                  |          |                                  |               |  |  |  |
| Day Month Ye                             | ear                         |                | Acti       | vity Descr | Remarks                                      | Level                            |          |                                  |               |  |  |  |
|  |                             |                |            |            |  |                                  |          |                                  |               |  |  |  |
| Note: (i) Cond<br>proforma.<br>(ii) Subi |                             |                |            |            |  | ss of informat<br>ative authorit |          | t through                        | n ER Sheet    |  |  |  |
| Date: Place:                             |                             |                |            |            |  |                                  |          |                                  |               |  |  |  |
| Information ch                           | ecked and                   | l verified - l | oy Się     | gnature of | Office                                       | er                               |          |                                  |               |  |  |  |
| Section Officer                          |                             |                | Minis      | try/Depar  | ry/Department                                |                                  |          |                                  |               |  |  |  |
| E-mail Id                                |                             |                | Roor       | n No.      |  | <u> </u>                         | Buildi   | ng Name                          | 9:            |  |  |  |
| Phone No.                                |                             | Wing           | ng No.     |            |  | 1                                |          | L                                |               |  |  |  |

| Name of office | f the          | Post hel   | d at that time in<br>office | Name of post for deputation |  | Period of deputation |                 |  |  |
|----------------|----------------|------------|-----------------------------|-----------------------------|--|----------------------|-----------------|--|--|
|                |                |            |                             |                             |  | Since                | From            |  |  |
|                |                |            |                             |                             |  |                      |                 |  |  |
|                |                | gn Visit:  |                             |                             |  |                      |                 |  |  |
| SI. No.        | Place of visit |            | Date of visit               | Post held at that time      | Whether it is a personal or official visit |                      | Details of visi |  |  |
|                |                |            |                             |                             |  |                      |                 |  |  |
|                |                |            |                             |                             |  |                      |                 |  |  |
|                |                |            |                             |                             |  |                      |                 |  |  |
| Transfe        | er/ post       | ting detai | ls (if applicable           | ): Nil                      |  |                      |                 |  |  |
| Place          |                |            | Perio                       | d of posting                |  |                      |                 |  |  |
|                |                |            | Since                       | •                           |  | From                 |                 |  |  |
|                |                |            | <del></del>                 |                             |  |                      |                 |  |  |

Name:

Designation: