

**NATIONAL INSTITUTE OF SCIENCE COMMUNICATION
AND INFORMATION RESOURCES
Dr. K.S. Krishan Marg, New Delhi-110 012.
&
14, Satsang Vihar Marg, New Delhi-110067**

No.COA/NISCAIR/2013

Dated: 11th October, 2013

OFFICE MEMORANDUM

The following information are required on attached form **URGENTLY** from all the Official/Officers, The information duly filled in may be sent to Estt. Section, Room No.212, IInd Floor **latest by 15th October, 2013.**

THE ABOVE INFORMATION IS MANDATORY FOR ALL THE OFFICERS/EMPLOYEES OF CSIR-NISCAIR for E-SERVICE BOOK FORM (ERP).

All the staff of Administration including Estt. Section, Bill Cell, General Section, Recruitment/Assessment will work at IT Division for up-gradation of E-Service Book and other work in ERP. during 15th to 25th October, 2013.

The employees will be entertained for routine work from 9-00 a.m. to 10.00.a.m. & 4.30p.m.to 5.30 p.m. during the period mentioned above, in their respective seats in Administration.



(SIMESH VERMA)

Controller of Administration

Encl: Form in 4 Nos of pages.

Copy to:

1. All the HODs with the request for vide circulation among the staff working under them. *Head IT for Uploaded on website.*
2. P S to Director
3. P.S. to COA
4. Finance & Accounts Section.
5. Office copy.

E-Service Book Form

Personal Information

Place of birth: _____

*Sub Caste: _____ (It is applicable for reserved employees)

Religion: _____ Mother Tongue: _____

Contact Details

Present Address _____

Mobile: _____ Email Id: _____

Emergency Contact Details

*Contact Name: _____ *Relationship: _____

*Phone Number: _____ Blood Group: _____

Educational Qualifications(Please Provide Photocopies)

*Degree Type:	*Name of Degree:	*Year of passing:	*Name Of University/ Institute:	*Country/ *State/*City	* Major Subject 1 and Major Subject 2(If applicable):	Per(%)/ GPA/CGPA

Highest qualification at the time of joining _____

Family Details

*Name with Salutation:	*Date of Birth:	*Relationship:	Is Alive: (yes/no)	Blood Group:	* Marital Status:

Handicapped (Yes/No):	Type of Disability	Dependant (Yes/No)	*Employment status	Employer Type	Annual Income	Staying with Employer (Yes/No)

PAN CARD No _____

Passport Details

Passport Number: _____

Passport Type: _____

Date of Issue: _____

Date of Expiry: _____

Issuing Authority: _____

Driving License Details

DL Number: _____

DL Type: _____

Date of Issue: _____

Date of Expiry: _____

Issuing Authority: _____

Foreign Visit Details

*Purpose:	*Country:	*From Date:	*To Date:	*OM Number:	*OM Date:	*Report Submitted On:	*Visit Funded By:

Visit Details (Up to 500 characters): _____

Funding of the visit

S. No.	Organisation Name	Amount

Membership of Profession Bodies

*Name of Professional Body: _____

*Country: _____

*Membership Type: _____

*Membership Number: _____

From Date: _____

To Date: _____

Awards and fellowship Details

Name of the Award	*Awarding Body	*Country	*Year

Remarks (Up to 200 characters):

Hindi Qualification Details

*Qualification: _____ Subject: _____

Percentage: _____ *Typing/Steno: _____

Cash Award/PP: _____ Amount: _____

Remarks (Up to 200 characters): _____

Declaration

I, hereby declare that the information furnished by me is True to the best of my knowledge.

Date:

Place:

Signature