

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	Ministrial	Sub Cadre		Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot Year)

Nov' 1983

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	Balwant	Singh	Rawat	BRW
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	17.10.58	Date of Retirement
				31.10.2018
Community		General <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>
Father's Name		Raje Singh Rawat		

## Birth Details

Birth Place	Vill- Palasi	Birth State/UT	U.K <input type="checkbox"/>	Nationality	Indian
Birth District	Pauri Garwal	Mother Tongue	Garwali		
Domicile	Uttara Khand <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	B + <input type="checkbox"/>	Identification Marks	Cut mark on fore head		

## Marital Details

Marital Status	married <input type="checkbox"/>	Spouse Name	Anandi Devi
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment	Selection Grade <input type="checkbox"/>	Joining Date	1.11.83	Retirement Details	31.10.2018
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## Departmental Examination Details

	Level	Year	Rank
1	<input type="checkbox"/>		
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	Hindi	Limited <input checked="" type="checkbox"/>	Limited <input checked="" type="checkbox"/>	Limited <input checked="" type="checkbox"/>
	2	Garwali	Limited <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Address Details**

Permanant Address	Vill. Palasi, P.O. Durgam Dist. Purni Garwal		City	
	State/UT	U.K <input checked="" type="checkbox"/>	Pin Code	
Present Contact Address	Gutam Vihar, H.No. 72 New Delhi		City	New Delhi
	State/UT	Delhi <input checked="" type="checkbox"/>	Pin Code	1100
	Phone (Off)	011-25088697	Fax.	011-25071478
	Phone(Res)		Mob No	8750320187
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification		Discipline	
Specialization 1			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Designation		Present Position	
office Peon			
Ministry		Department	
ministry of Water Resources, RD & R		Brahmaputra Board	
Office		Place	
Libison office		New Delhi	
Experience Subject		Period of Posting	
Major	Minor	From	To
		1.11.83	Till date

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject


Training			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
<input checked="" type="checkbox"/>			
Sponsoring Authority	Period of Training		Duration
	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	Level
			<input checked="" type="checkbox"/>

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.