

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	Non Ministerial	Sub Cadre	Id No.	will be alerted by CS Division,LNB
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Select List Year (Allot Year)	Desember 1984
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## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Govind		Paswan	गोविंद

CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	11.09.1964	Date of Retirement	30.09.2024
Community	SC	Religion	Hindu		
Father's Name	Late Ashrafi Paswan				

## Birth Details

Birth Place	Barri Behta	Birth State/UT	Bihar	Nationality	INDIAN
Birth District	Sitamarhi	Mother Tongue	HINDI		
Domicile	Bihar	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	Black mol on left cheek		

## Marital Details

Marital Status	Married	Spouse Name	Mrs Shail Devi Paswan
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment	SELECTION GRAD	Joining Date	01.12.1984	Retirement Details	30.09.2024
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Maithilly	No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3	Assamese	No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Limited <input checked="" type="checkbox"/>
	4	Bengali	No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Limited <input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1	English	Limited <input checked="" type="checkbox"/>	Limited <input checked="" type="checkbox"/>	No <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"/>
<b>Address Details</b>					
Permanant Address		Village & P.O. Barri Behta,Dist.Sitamarhi		City	Sitamarhi
		State/UT	Bihar <input checked="" type="checkbox"/>	Pin Code	843319
Present Contact Address		WZ-182, Palam Village		City	New Delhi
		State/UT	Delhi <input checked="" type="checkbox"/>	Pin Code	110045
		Phone (Off)	01125088697	Fax.	01125071476
		Phone(Res)		Mob No	9015128942
		E-Mail (Mandatory)	govindpaswan256@gmail.com		

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
Class 7					
Year	Division	CGPA	Specialization 2		
1980	Pass				
Institution		University	Place	Country	
Adarsh Hindi Vidyalaya			Guwahati	India	

<b>Experience</b>					
Type of Posting			Level		
Designation			Present Position		
CHOWKIDAR					
Ministry			Department		
Water Resources, RD & GR			Brahmaputra Board		
Office			Place		
Liaison Office			New Delhi-75		
Experience Subject			Period of Posting		
Major		Minor	From	To	
			April 2001	Till Date	

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

<b>Training</b>					
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

<b>Awards/Publications</b>					
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

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 : 24.09.2015 Place : New Delhi  
Information checked and verified - by

  
Signature of Officer

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