

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)	February 1989
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Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	NAND	LAL	SRIVASTAVA	<i>[Signature]</i>

CSL No./ SCSL No: (if known)		
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth 01.07.1965	Date of Retirement 31.07.2025

Community	General <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>
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Father's Name	SHRI NATHUNI LAL SRIVASTAVA
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Birth Details

Birth Place	SAKHINI	Birth State/UT	Uttar Pradesh <input type="checkbox"/>	Nationality	INDIAN
Birth District	DEORIA	Mother Tongue	HINDI		
Domicile	Uttar Pradesh <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	B +ve <input type="checkbox"/>	Identification Marks	Cut Mark on Fore Head		

Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	Mrs Durgawati Srivastava
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRAD <input type="checkbox"/>	Joining Date	06.02.1989	Retirement Details	31.07.2025
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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	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	BHOJPURI	No <input type="checkbox"/>	No <input type="checkbox"/>	Fluent <input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	ENGLISH	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>	No <input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanant Address	VILL.SAKHINI, POST. KOTWA MISHRA, DIST.DEORIA,	City	BAGHOCH GHAT	
	State/UT	Uttar Pradesh <input type="checkbox"/>	Pin Code	274404
Present Contact Address	H.No.13-C,GALI NO.26-E MOLAR BAND EXTN.BADARPUR	City	NEW DELHI	
	State/UT	Delhi <input type="checkbox"/>	Pin Code	110044
	Phone (Off)	25088697	Fax.	011-25071476
	Phone(Res)		Mob No	9868501158
	E-Mail (Mandatory)	drinandlal@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
class 8					
Year	Division	CGPA		Specialization 2	
1980	pass				
Institution		University		Place	Country
Ram Jatan School		U.P.Board		Ramghat Koilashwan	India

Experience

Type of Posting		Level			
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Designation		Present Position			
OFFICE PEDON		<input checked="" type="checkbox"/>		Regular <input checked="" type="checkbox"/>	
Ministry		Department			
MoWR, RD& GR		Brahmaputra Board			
Office		Place			
Liaison Office		New Delhi			
Experience Subject		Period of Posting			
Major		Minor		From	To
				06.02.1989	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	Result	
	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	Activity Description/Remarks		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 : 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.	