

ER Sheet Data Entry Form

Basic Data

Order ID No: 10000000000000000000

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Personal Details

Name

Title

Title: MR First Name: Pratik Middle Name: LOHAN Last Name: CHAKRA

DOB: 09-19-1983

DOB: 09-19-1983

Sex: Male Religion: Hinduism Date of Birth: 09-19-1983 Date of Joining: 01-01-2000

Home Address: Assamese Region: Assam

Father's Name: Shri Pratim Chakrabarti

Marital Data

Marital Status: Married Spouse Name: Ms. Satabdi Chakrabarti

Spouse Name: Ms. Satabdi Chakrabarti

Spouse Nationality: Indian

Spouse Nationality: Indian

Marital Data

Marital Status: Married Spouse Name: Ms. Satabdi Chakrabarti

Spouse Nationality: Indian

Joining Details

Source of Recruitment: Board Date: 01-12-1983 Appointment Date: 01-01-2000

Employment Details

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		Read	Write	Spool
Printed pages number	1			
	2			
	3			
	4			
	5			
Printed pages number	1			
	2			
	3			

Address Details

Permanent Address	74, Kachan, Kachan, City PO, H. B. (Kachan, B. L.)	Pin Code	785640
Present Contact Address	Prasanna Kumar Complex, Bhubaneswar	Pin Code	751005
Phone (Off)		Fax	
Phone (Res)		Mobile	9868777777
E-Mail			
Mandatory			

Qualification/degree/ post/ job/ subjects for which qualification is required or training award details

1980	University	Specialization 1
1981	University	Specialization 2
1982	University	Specialization 3

Type of Posting	Level
Designation	Present Position
Ministry	Department
Office	Place
Experience Subject	Period of Posting
Major	Front
Minor	To

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

Training	Training Subject
Training Year	Training Name
Level	Institute Name, Place
	Field Visit Country
	Field Visit Place (within India)
Sponsoring Agency	Period of Training
	From
	To
	Duration (in Weeks)
	Result
	<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

Note: (A) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet
(B) Subject to verification by the concerned administrative authorities

Date: _____ Place: _____
Information checked and verified - by: _____
Signature of Officer: _____

Secretary	Ministry/Department
Official	Room No.
	Building Name