

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) *August 1982*

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	Satyavan		Dhanda	<i>SD</i>
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	15.08.1962	Date of Retirement
				31.08.2022
Community		General <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>
Father's Name		Late Ratan Singh		

Birth Details

Birth Place	Mirchpur	Birth State/UT	Haryana <input type="checkbox"/>	Nationality	Indian
Birth District	Hissar	Mother Tongue		Hindi	
Domicile	Haryana <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	Shakuntla Dhanda
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRAD <input type="checkbox"/>	Joining Date	18.08.1982	Retirement Details	31.08.2022
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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	Hiondi	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<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	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Limited <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		Village & P.O. Mirchpur, Tehsil Hansi, Dist. Hissar		City	
		State/UT	Haryana <input type="checkbox"/>	Pin Code	125039
Present Contact Address		Poket D-6, 280/1, Sector -6, Rohini		City	New Delhi
		State/UT	Delhi <input type="checkbox"/>	Pin Code	110085
		Phone (Off)	011-25088697	Fax.	011-25071476
		Phone(Res)		Mob No	9313990997
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Draftsman	Civil		
Year	Division	CGPA	Specialization 2
1981	Ist Division		
Institution	University	Place	Country
I.T.I Rohtak		Rohtak	India

Experience			
Type of Posting	Level		
<input type="checkbox"/>	<input type="checkbox"/>		
Designation	Present Position		
<input type="checkbox"/>	<input type="checkbox"/>		
Ministry	Department		
Water Resources, RD & GR	Brahmaputra Board		
Office	Place		
Liaison Office	New Delhi		
Experience Subject	Period of Posting		
Major	Minor	From	To
		09.10.2000	Till Date

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

Training			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
<input 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 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 _____

Satyam
Signature of Officer

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