

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

December 2007

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	Veer Bhan			<i>Atam</i> 24-0-15

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	19.08.1980	Date of Retirement	31.08.2040
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Community

OBC

Religion

Hindu

Father's Name

Shri Raj Kumar

Birth Details

Birth Place	Fazal Pur	Birth State/UT	Uttar Pradesh <input type="checkbox"/>	Nationality	Indian
Birth District	Bagpat	Mother Tongue		Hindi	
Domicile	Uttar Pradesh <input type="checkbox"/>	Physically Handicap Status		<input type="checkbox"/>	
Blood Group	A +ve <input type="checkbox"/>	Identification Marks		Mole on left hand	

Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	Retu
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRAD <input type="checkbox"/>	Joining Date	04.12.2007	Retirement Details	31.08.2040
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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	Sanskrit	Limited <input type="checkbox"/>	No <input type="checkbox"/>	Limited <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		No <input type="checkbox"/>	No <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	Village & P.O. Fazalpur,(Sunder Nagar),Tehsil.Baraut, Disstt.Bagpat		City	Bagpat
	State/UT	Uttar Pradesh <input type="checkbox"/>	Pin Code	250345
Present Contact Address	8/303,Mondali Ext.		City	New Delhi
	State/UT	Delhi <input type="checkbox"/>	Pin Code	110093
	Phone (Off)	011-25088697	Fax.	011-25071476
	Phone(Res)		Mob No	8750786084
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class 10					
Year	Division	CGPA		Specialization 2	
2008	Pass				
Institution		University		Place	Country
National Institute of open School		NOS		DELHI (NCR)	India

Experience

Type of Posting		Level	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Designation		Present Position	
DRIVER			
Ministry		Department	
Water Resources, RD & GR		Brahmaputra Board	
Office		Place	
Liaison Office		New Delhi	
Experience Subject		Period of Posting	
Major	Minor	From	To
		04.12.2007	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 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
<input checked="" type="checkbox"/>			
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 *Armita* 24-9-15

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