

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details		520			
Service	CSS	Cadre	Sub Cadre	Id No.	will be alerted by CS Division, LNB
		Chanki das		520	
Select List Year (Allot Year)					

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
	KAPIL	BEO	DAS	K.D	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	15-01-1957	Date of Retirement	31-01-2017
Community	Bihari	Religion	HINDUISM		
Father's Name	LT. HONA DAS				

Birth Details

Birth Place	BIMZADI	Birth State/UT	Bihar	Nationality	Indian
Birth District	VAISHALI	Mother Tongue	Hindi		
Domicile		Physically Handicap Status	X		
Blood Group		Identification Marks	Circled mark at P. stand.		

Marital Details

Marital Status	Married	Spouse Name	
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	01-04-1982	Retirement Details	31.01.2017
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Departmental Examination Details

	Level	Year	Rank
1	/		
2	/		
3	/		

Remarks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi	✓	✓
	2	ASSAMESE	x	✓
	3	ENGLISH	✓	x
	4			
	5			
Foreign Lang. Known	1	/	/	/
	2	/	/	/
	3	/	/	/

Address Details

Permanant Address	vill: BINZADI PP. SAHDOI BUZUROG		City	
	State/UT	BIHAR	Pin Code	
Present Contact Address	GOHNBARI, GUWAHATI - 29		City	GUWAHATI
	State/UT	KAMRUP	Pin Code	
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		CGPA	
Institution		University		Place	
				Country	

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
Experience Subject		Period of Posting			
Major		Minor		From	To
				1-12-99	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)	
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	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 : _____ Place : _____
 Information checked and verified - by _____

Signature of Officer _____

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