

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Minindra		Prasad	M Prasad

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.02.1960	Date of Retirement	31.01.2020
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Community	General	Religion	Hindu
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Father's Name	Late Ram Jee Lal
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Birth Details

Birth Place	Chapiya	Birth State/UT	Bihar	Nationality	Indian
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Birth District	Chapra	Mother Tongue	Hindi
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Domicile	Bihar	Physically Handicap Status	
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Blood Group	A +ve	Identification Marks	One cut mark on left leg knee
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Nilam Devi
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	14.09.1983	Retirement Details	31.01.2020
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

marks (if any)

Language Known

Read

Write

Speak

Indian Languages Known

1
2
3
4
5

1
2
3

Assamese
Hindi
Bengali

Fluent
Fluent
Fluent

Fluent
Fluent
Fluent

Fluent
Fluent
Fluent

Foreign Lang. Known

Address Details

Permanant Address

Vill- Chapiya, P.O. Ichawpur

City

Chapra

State/UT

Bihar

Pin Code

841,411

Present Contact Address

Same as above

City

Chapra

State/UT

Pin Code

Phone (Off)

Fax.

Phone(Res)

Mob No

9,435,401,370

E-Mail (Mandatory)

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

Qualification		Discipline		Specialization 1	
Class XI					
Year	Division	CGPA	Specialization 2		
1,974					
Institution		University		Place	Country
SNBH school, Dhanaw					India

Experience

Type of Posting		Level			
Designation		Present Position			
Khalasi Ministry		Regular			
		Department			
MoWR RD&GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
Experience Subject		Period of Posting			
Major		Minor		From	To

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	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	Level
Activity Description/Remarks			

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 _____

Munindra Prasad.
Signature of Officer

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