

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select 1st Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Ram	Kuber	Bin	R.K. Bin

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	12.05.1958	Date of Retirement	31.05.2018
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Community	General	Religion	Hindu
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Father's Name	Late Shovi Lal Bin
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Birth Details

Birth Place	Gurumhiya	Birth State/UT	Uttar Pradesh	Nationality	Indian
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Birth District	Kush Nagar	Mother Tongue	Hindi
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Domicile	Uttar Pradesh	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	one black spot on right hand
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Marital Details

Marital Status	Married	Spouse Name	Pas Pati Devi
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	15.09.1983	Retirement Details	31.05.2018
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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	Fluent	Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Gurum Hiya Bhagi Bin tala, P.O. Dilip		City	
	State/UT	Uttar Pradesh	Pin Code	274,402
Present Contact Address	Same as above		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	970,681,733
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VIII					
Year	Division	CGPA		Specialization 2	
Institution		University		Place	Country

Experience					
Type of Posting			Level		
Designation			Present Position		
			Regular		
Ministry			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	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 _____

R.K. Puri
Signature of Officer

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