

## ER Sheet Data Entry Form

Basic Data WILLASH CHERAN MOMINI

## Officer ID No. Details

Service	CSS	Cadre	KHALASI	Sub Cadre	KHALASI	Id No.	5841 2012	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
MDMIN	WILLASH	CHERAN	WILLASH CH. MOMINI	WILLASH CH. MOMINI

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	16-02-1962	Date of Retirement	28-2-2022
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Community

GARO

Religion

CHRISTIAN

Father's Name

Lt. Henry Markak.

## Birth Details

Birth Place	MABANGPANI	Birth State/UT	MEGHALAYA	Nationality	INDIAN
Birth District	West Garo Hills	Mother Tongue	GARO.		
Domicile	Meghalaya	Physically Handicap Status			
Blood Group	A Group.	Identification Marks	Right sight, left.		

## Marital Details

Marital Status	MARRIED.	Spouse Name	THAWNE MARKAK.
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment		Joining Date	1-1-1986	Retirement Details	28/2/2022
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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	GARO			GARO
	2	ENGLISH			ENGLISH
	3	HINDI			HINDI
	4	ASSAMEE			
	5				
Foreign Lang. Known	1	ENGLISH			
	2				
	3				
Address Details					
Permanant Address		VILL & P.O. MASANICPARA West Garo Hills (Megh)		City	TURA.
		State/UT		Pin Code	794014.
Present Contact Address		North Guwahati Bon-Bd. Complex		City	Guwahati-
		State/UT		Pin Code	Guwahati-30.
		Phone (Off)	0361-	Fax.	
		Phone (Res)		Mob No	9859407988
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
CLASS - <del>IX</del>					
Year	Division	CGPA		Specialization 2	
53.	N.C.P. P.M. Bd.				
Institution	University	Place		Country	
	NIL	masanjani		Tanzania	

**Experience**

Type of Posting		Level	
Typing		Khalasi	
Designation		Present Position	
KHALASI		Same	
Ministry of Water Resources		Department	
Office		Place	
North Cuwaha Sub-Divn		North Cuwaha Dirn. P.M. Bd. 09-30.	
Experience Subject		Period of Posting	
Major	Minor	From	To
Typing		panchahatma	Cuwaha

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 \_\_\_\_\_

Signature of Officer \_\_\_\_\_

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