

## ER Sheet Data Entry Form

### Basic Data

#### Officer ID No. Details

Service	CSS	Cadre Engineering	Organized	Sub Cadre	Id No.	will be alerted by CSDivision, LNB
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Select List Year (Allot Year)

#### Name Details

Title	First Name	Middle Name	Sure Name	Initials
MRS.	YANE		MIBANG	Yane Mibang

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	12/08/1965	Date of Retirement	31/08/2025
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Community	ST(H)
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Father's Name	MR TABEN MIBANG
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#### Birth Details

Birth Place	MIGLUNG	Birth State/UT	ARUNACHAL PRADESH	Nationality	INDIAN
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Birth District	EAST SIANG	Mother Tongue	ADI
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Domicile	ARUNACHAL PRADESH	Physically Handicap Status
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Blood Group	O (+ve)	Identification Marks
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#### Marital Details

Marital Status	MARRIED	Spouse Name	MR. INGONG PABIN
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Spouse Nationality	INDIAN
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#### Joining Details

Source of Recruitment	Direct Recruitment on selection	Joining Date	01-3-1984	Retirement Details	31/08/2025
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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		FLVENT
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

**Address Details**

Permanent Address	Vill: Mimbuk P.O: Pasighat	City	Pasighat
Dist: - East Siang	State/UT	Pin Code	791102
Present Contact Address	— Do —	City	
	State/UT	Pin Code	
	Phone (Off)	Fax.	
	Phone (Res)	Mob No	9436223796
	E-Mail (Mandatory)		

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

Qualification	Discipline		Specialization 1
Class <i>V</i>			
Year	Division	CGPA	Specialization 2
	First Class		
Institution	University	Place	Country

**Experience**

Type of Posting		Level	
OTHER			
Designation		Present Position	
<i>CHOWKIDAR</i>		<i>CHOWKIDAR</i>	
Ministry		Department	
<i>MWR, RD &amp; GR</i>		<i>BRAHMAPUTRA BOARD</i>	
Office		Place	
<i>ROING DIVISION</i>			
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 checked="" 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: Roing (Arunachal Pradesh)

Information checked and verified – by \_\_\_\_\_

*Yone milong*  
Signature of Officer

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