

## 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 List Year (Allot Year)

#### Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr.	MADAN	LAL	PASWAN		

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	02.03.1965	Date of Retirement	31.03.2025
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Community

SC

Religion

Hindu

Father's Name

LATE CHANDRADIP PASWAN

#### Birth Details

Birth Place	VAISHALI	Birth State/UT	Bihar	Nationality	INDIAN
Birth District	VAISHALI	Mother Tongue		HINDI	
Domicile	Bihar	Physically Handicap Status		Visually Handicapped	
Blood Group		Identification Marks			

#### Marital Details

Marital Status	Married	Spouse Name	RASHMUNI DEVI
Spouse Nationality	INDIAN		

#### Joining Details

Source of Recruitment		Joining Date	16.09.1987	Retirement Details	31.03.2025
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#### Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>		<b>Write</b>	<b>Speak</b>
Indian Languages Known	1	HINDI	Fluent	Fluent	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		VILL- BABHANTOLI, PO-VAISHALI, DIST-VAISHALI		City	
		State/UT	Bihar	Pin Code	844,128
Present Contact Address		PATEL NAGAR NEAR RAVI CHAUK		City	PATNA
		State/UT	Bihar	Pin Code	
		Phone (Off)	6,122,217,960	Fax.	
		Phone(Res)		Mob No	9,304,358,458
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Year		Division	CGPA	Specialization 2	
Institution		University		Place	Country

### Experience

Type of Posting		Level			
OTHER					
Designation		Present Position			
Ministry		Department			
Ministry of Water Resources, RD & GR					
Office		Place			
Ganga Flood Control Commission, Patna		PATNA			
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 \_\_\_\_\_ Signature of Officer \_\_\_\_\_

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