

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	
	Maresh		Ravidas		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	18.06.1970	Date of Retirement	30.06.2030
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Community SC Religion Hindu

Father's Name Sri Laloo Ravidas

Birth Details

Birth Place	Pali	Birth State/UT	Bihar	Nationality	Indian
Birth District	Patna	Mother Tongue		Hindi	
Domicile	Bihar	Physically Handicap Status			
Blood Group		Identification Marks		A mart on right side shouldk	

Marital Details

Marital Status	Married	Spouse Name	Seela Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	DR SO	Joining Date	31.03.1997	Retirement Details	30.06.2030
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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	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		Vill- Pali . P.O.--- Nauvatpur , District--- Patna		City	Pali
		State/UT	Bihar	Pin Code	
Present Contact Address		Mohalla- Rupaspur P.O. -- Sahaynagar, Patna		City	Patna
		State/UT	Bihar	Pin Code	800,014
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	
		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		Ganga Flood Control Commission			
Office		Place			
Ganga Flood Control Commission		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.	