

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 |
|---------|-----|-------|--|-----------|--|--------|-------------------------------------|

Select List Year (Allot Year)

Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|-------|------------|-------------|----------|----------|
| | MUKESH | KUMAR | SINHA | |

CSL No./
SCSL No: (if known)

| | | | | | | |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 02-01-1965 | Date of Retirement | 31-01-2025 |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|

Community: General Religion: Hindu

Father's Name: SHRI AKSHAYA KUMAR PRASAD

Birth Details

| | | | | | |
|----------------|------------|----------------------------|-----------|-------------|--------|
| Birth Place | HAZARIBAGH | Birth State/UT | Jharkhand | Nationality | INDIAN |
| Birth District | HAZARIBAGH | Mother Tongue | HINDI | | |
| Domicile | Jharkhand | Physically Handicap Status | | | |
| Blood Group | O +ve | Identification Marks | | | |

Marital Details

| | | | |
|--------------------|---------|-------------|---------------|
| Marital Status | Married | Spouse Name | RASHMI KUMARI |
| Spouse Nationality | INDIAN | | |

Joining Details

| | | | | | |
|-----------------------|-----------------|--------------|------------|--------------------|--|
| Source of Recruitment | Steno Gr C / PA | Joining Date | 02.07.1991 | Retirement Details | |
|-----------------------|-----------------|--------------|------------|--------------------|--|

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 | ENGLISH | Fluent | Fluent | Fluent |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Lang. Known | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| Address Details | | | | | |
| Permanant Address | | C/O A.K.Prasad, Gali No.2, Vishnupuri, Near Shiv Mandir, Aata Chakki Gali | | City | Hazaribagh |
| | | State/UT | Jharkhand | Pin Code | |
| Present Contact Address | | Ganga Flood Control Commission, Sinchai Bhawan, 3rd Floor | | City | Patna |
| | | State/UT | Bihar | Pin Code | 800,015 |
| | | Phone (Off) | 0 | Fax. | 0 |
| | | Phone(Res) | | Mob No | |
| | | E-Mail (Mandatory) | mukesh.gfcc@yahoo.co.in | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|---|--------------|-------------------|--------|------------------|
| Qualification | | Discipline | | Specialization 1 |
| B.A.(Hons) | | | | Psychology |
| Year | Division | | CGPA | Specialization 2 |
| | Ist Division | | | |
| Institution | | University | Place | Country |
| Degree College, Dhurwa, Ra | | Ranchi University | Ranchi | India |

Experience

| Type of Posting | | Level | | |
|--------------------------------------|-------|---------------------------------------|----|--|
| Designation | | Present Position | | |
| Ministry | | Department | | |
| Ministry of Water Resources, RD & GR | | Ganga Flood Control Commission, Patna | | |
| Office | | Place | | |
| | | Patna. | | |
| Experience Subject | | Period of Posting | | |
| Major | Minor | From | To | |
| | | | | |

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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. | |