

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
	BALESHWAR		THAKUR	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	05.10.1970	Date of Retirement	31.10.2030
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Community: OBC Religion: Hindu

Father's Name: LATE DHANI THAKUR

Birth Details

Birth Place	Maujamo Tola Kr	Birth State/UT	Bihar	Nationality	Indian
Birth District	Madhepura	Mother Tongue	Hindi		
Domicile	Bihar	Physically Handicap Status			
Blood Group		Identification Marks	A wound marks of right leg		

Marital Details

Marital Status		Spouse Name	Vimla Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	DR SO	Joining Date		Retirement Details	31.10.2030
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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		Village-Maujma Tola has, P.O.-Shankarpur, Distt. Madhepura		City	Madhepura
		State/UT	Bihar	Pin Code	
Present Contact Address		Arya Apartment,33, Road No.10, Patel Nagar, Patna		City	Patna
		State/UT	Bihar	Pin Code	800,023
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9,006,225,446
		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			
Designation		Present Position			
CWO		Regular			
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.	