

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.	MAHESH		RAM		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	25.12.1966	Date of Retirement	31.12.2026
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Community: OBC Religion: Hindu

Father's Name: LATE TUNNA RAM

Birth Details

Birth Place	VARUNA	Birth State/UT	Bihar	Nationality	INDIAN
Birth District	PATNA	Mother Tongue		HINDI	
Domicile	Bihar	Physically Handicap Status			
Blood Group	O +ve	Identification Marks		WOUND MARK ON THE RI	

Marital Details

Marital Status	Married	Spouse Name	SHEELA DEVI
Spouse Nationality			

Joining Details

Source of Recruitment		Joining Date	28.02.2003	Retirement Details	31.12.2026
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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	Limited	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		VILLAGE-VARUNA,P.O.-VARUNA DISTT-PATNA		City	PATNA
		State/UT	Bihar	Pin Code	
Present Contact Address		NEAR MUSAHARI, POKHAR PAR, SIMRA, PARSА		City	PATNA
		State/UT	Bihar	Pin Code	804,453
		Phone (Off)	6,122,217,960	Fax.	
		Phone(Res)		Mob No	7,488,376,224
		E-Mail (Mandatory)			

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

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
Ministry of Water Resources, RD & GR		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 : Sinchai Bhawan
Phone No.	2,217,294	Wing No.	