

## 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.	Muhammad	Moinuddin		

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Mar 2, 1963	Date of Retirement	Mar 31, 2023
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Community	NA	Religion	Muslim
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Father's Name	Abdul Gaffar Khan
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#### Birth Details

Birth Place	Patna	Birth State/UT	Bihar	Nationality	Indian
Birth District	Patna	Mother Tongue	Hindi		
Domicile	Bihar	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	A Cut mark on left hand		

#### Marital Details

Marital Status	Married	Spouse Name	Quasar Bano
Spouse Nationality	Indian		

#### Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	18.10.1984	Retirement Details	31.03.2013
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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	Urdu	Fluent	Fluent	Fluent
	3	English	Limited	Limited	Limited
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		Dargah Shah Ajani Gate, Mahendru, Sultanganj		City	Patna
		State/UT	Bihar	Pin Code	800,006
Present Contact Address		Dargah Shah Ajani Gate, Mahendru, Sultanganj		City	Patna
		State/UT	Bihar	Pin Code	800,006
		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			
Designation		Present Position			
Ministry		Department			
Office		Place			
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.	