

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.	RAJENDRA		PASWAN		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	05/01/1968	Date of Retirement	31/01/2013
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Community

SC

Religion

Hindu

Father's Name

RAMKHELAWAN PASWAN

Birth Details

Birth Place	KARUPUR	Birth State/UT	Bihar	Nationality	INDIAN
Birth District	MUZAFFARPUR	Mother Tongue		HINDI	
Domicile	Bihar	Physically Handicap Status			
Blood Group		Identification Marks		A MOLE ON LEFT CHEEK	

Marital Details

Marital Status	Married	Spouse Name	MEERA DEVI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	19/06/1984	Retirement Details	31/01/2023
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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		No	No	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		Village- Karupur (Bochha) P.O. Bochha		City	Muzaffarpur
		State/UT	Bihar	Pin Code	
Present Contact Address		North Patel Nagar Rd.No.5, Keshrinagar		City	Patna
		State/UT	Bihar	Pin Code	800,028
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	8,102,538,851
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)						
Qualification		Discipline		Specialization 1		
VII						
Year	Division		CGPA		Specialization 2	
Institution		University		Place		Country
Paras Nath High School, Bo				Bochha		India

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
Water Resources, River Development & Ganga Reju		Ganga Flood Control Commission			
Office		Place			
Ganga Flood Control Commissiion		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.	