

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	W/c establishment	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.	Ram	Dayal	rai		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	12.06.1966	Date of Retirement	30.06.2026
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Community: OBC Religion: Hindu

Father's Name: Late Ramchandra Rai

Birth Details

Birth Place	Shahpur	Birth State/UT	Bihar	Nationality	Indian
Birth District	Patna	Mother Tongue		Hindi	
Domicile	Bihar	Physically Handicap Status			
Blood Group	B +ve	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Kushmi Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	09.06.1989	Retirement Details	30.06.2026
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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	Fluent	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		Village- Shahpur, P.O.- SHahpur		City	Patna
		State/UT	Bihar	Pin Code	801,503
Present Contact Address		Village- Shahpur, P.O.- SHahpur		City	Patna
		State/UT	Bihar	Pin Code	801,503
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9,852,234,194
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
Non- matric				
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.	