

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.	RAVINDRA		RAM		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	08.02.1976	Date of Retirement	28.02.2036
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Community

SC

Religion

Hindu

Father's Name

LATE LALBIHARI RAVIDAS

Birth Details

Birth Place	SHAHPUR	Birth State/UT	Bihar	Nationality	INDIAN
Birth District	PATNA	Mother Tongue		HINDI	
Domicile	Bihar		Physically Handicap Status		
Blood Group	A +ve		Identification Marks		CUT MARKS ON LEFT EYE

Marital Details

Marital Status	Married	Spouse Name	SMT. ANURADHA DEVI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date		Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)		Language Known									
Indian Languages Known	1	HINDI	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent
	2	ENGLISH	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent	Fluent
Foreign Lang. Known	1										
	2										
	3										
Address Details											
Permanent Address		VILLAGE- SHAHPUR, P.O.-DHIBRA, P.S.- PHULWARI SHARIF, DISTT-BIHAR	City	PATNA							
Present Contact Address		VILLAGE- SHAHPUR, P.O.-DHIBRA, P.S.- PHULWARI SHARIF, DISTT-BIHAR	City	PATNA							
State/UT		Bihar									
Pin Code											
Phone (Off)		6,122,217,960									
Phone (Res)											
E-Mail (Mandatory)											

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
I.A.		ARTS			
Year	Division		CGPA	Specialization 2	
1,994	2ND				
Institution		University		Place	Country
J.N.L. COLLEGE		MAGADH UNIVERSITY		BODH GAYA	INDIA

Experience

Type of Posting		Level	
		Director	
Designation		Present Position	
LDC		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		MINISTRY OF WATER RESOURCES	
E-mail Id		Room No.		Building Name : SINCHAI BHAWAN	
Phone No.		Wing No.			
2,217,294					