

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
---------	-----	-------	--	-----------	--	--------	-------------------------------------

Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth		Date of Retirement	
-----	-----------------------	------	-----------------------	--------	---------------	--	--------------------	--

Community

Religion

Father's Name

Birth Details

Birth Place		Birth State/UT		Nationality	
Birth District		Mother Tongue			
Domicile		Physically Handicap Status			
Blood Group		Identification Marks			

Marital Details

Marital Status		Spouse Name	
Spouse Nationality			

Joining Details

Source of Recruitment		Joining Date		Retirement Details	
-----------------------	--	--------------	--	--------------------	--

Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read		Write	Speak
Indian Languages Known	1				
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address				City	
		State/UT		Pin Code	
Present Contact Address				City	
		State/UT		Pin Code	
		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 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 : _____
Phone No.	Wing No. _____