

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. _____ |