

## 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            |   |                       |              |              |  |
|                           |   | <b>Read</b>           | <b>Write</b> | <b>Speak</b> |  |
| Indian Languages<br>Known | 1 |                       |              |              |  |
|                           | 2 |                       |              |              |  |
|                           | 3 |                       |              |              |  |
|                           | 4 |                       |              |              |  |
|                           | 5 |                       |              |              |  |
| Foreign Lang.<br>Known    | 1 |                       |              |              |  |
|                           | 2 |                       |              |              |  |
|                           | 3 |                       |              |              |  |
| <b>Address Details</b>    |   |                       |              |              |  |
| Permanant Address         |   |                       |              | City         |  |
|                           |   | State/UT              |              | Pin Code     |  |
| Present Contact Address   |   |                       |              | City         |  |
|                           |   | State/UT              |              | Pin Code     |  |
|                           |   | Phone (Off)           |              | Fax.         |  |
|                           |   | Phone(Res)            |              | Mob No       |  |
|                           |   | E-Mail<br>(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.            |                 |