

## 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	

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth		Date of Retirement	
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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	
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#### 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 Known	1				
	2				
	3				
	4				
	5				
Foreign Lang. 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 (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. _____