

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | | | | |
|---------|-----|-------|----------|-----------|----|--------|---------------------------------------|
| Service | CSS | Cadre | Minister | Sub Cadre | NA | Id No. | Will be allocated by CS Division, LNB |
|---------|-----|-------|----------|-----------|----|--------|---------------------------------------|

Select List Year (Allot Year)

Name Details

| | | | |
|--------------|-------------------|--------------------|----------------|
| Title | First Name | Middle Name | Surname |
| Mr. | MOHAMMED | ASHIK | Initials K. |

| | |
|---------------------------------|--|
| CSL No./ SCSL No: (if known) | |
|---------------------------------|--|

| | | | | | |
|-----|--|---------------|------------|--------------------|------------|
| Sex | <input checked="" type="checkbox"/> Male | Date Of Birth | 05.10.1993 | Date of Retirement | 31.10.2053 |
|-----|--|---------------|------------|--------------------|------------|

| | | | |
|---------------|-------------|----------|--------|
| Community | ISLAM | Religion | MUSLIM |
| Father's Name | KHALEEL P M | | |

Birth Details

| | | | | | |
|-------------|-----------|----------------|--------|-------------|--------|
| Birth Place | ALAPPUZHA | Birth State/UT | KERALA | Nationality | INDIAN |
|-------------|-----------|----------------|--------|-------------|--------|

| | | | |
|----------------|-----------|----------------------------|-----------|
| Birth District | ALAPPUZHA | Mother Tongue | MALAYALAM |
| Domicile | KERALA | Physically Handicap Status | |

| | | | |
|-------------|----|----------------------|---|
| Blood Group | A+ | Identification Marks | 1.MOLE ON LEFT HAND MIDDLE FINGER 2.MOLE ON LEFT FOREARM |
|-------------|----|----------------------|---|

Marital Details

| | | | |
|--------------------|-----------|-------------|--|
| Marital Status | UNMARRIED | Spouse Name | |
| Spouse Nationality | | | |

Joining Details

| | | | | | |
|-----------------------|-------|--------------|------------|--------------------|------------|
| Source of Recruitment | CWPRS | Joining Date | 09.09.2020 | Retirement Details | 31.10.2053 |
|-----------------------|-------|--------------|------------|--------------------|------------|

Departmental Examination Details

| | Level | Year | Rank |
|---|-------|------|------|
| 1 | NIL | NIL | NIL |
| 2 | NIL | NIL | NIL |
| 3 | NIL | NIL | NIL |

Details of deputation (if applicable)

| Name of the Office | Post held at that time in parent office | Name of post (selected for deputation) | Period of deputation | |
|--------------------|---|--|----------------------|------|
| | | | Since | From |
| NIL | NIL | NIL | NIL | NIL |
| NIL | NIL | NIL | NIL | NIL |

Details of Foreign Visit

| Sl. No. | Place of Visit | Date of visit | Post held at that time | Whether it is a | Details of visit |
|---------|----------------|---------------|------------------------|-----------------|------------------|
| | | | | | |

| | | | | | |
|-----|-----|-----|-----|----------------------------|-----|
| | | | | personal or official visit | |
| NIL | NIL | NIL | NIL | NIL | NIL |

Transfer/Posting Detail (if applicable)

| Place | Period of posting | | |
|-------|-------------------|------|--|
| | Since | From | |
| NIL | NIL | NIL | |

| | | | | |
|------------------|--|--|--|--|
| Remarks (if any) | | | | |
|------------------|--|--|--|--|

| Language known | | | | |
|-----------------------|-------------|------|-------|-------|
| | | Read | Write | Speak |
| Indian Language Known | 1 HINDI | YES | YES | YES |
| | 2 ENGLISH | YES | YES | YES |
| | 3 MALAYALAM | YES | YES | YES |
| | | | | |
| | | | | |

| | | | | |
|-------------------|-----|-----|-----|-----|
| Foreign Language: | NIL | NIL | NIL | NIL |
| 1 | | | | |
| 2 | NIL | NIL | NIL | NIL |
| 3 | NIL | NIL | NIL | NIL |
| | | | | |

Address Details

| | | | | |
|-------------------------|--|-----------------------------|----------|------------|
| Permanent Address | CHINCHU COTTAGE, ASRAMAM WARD, AVALOOKUNNU P O, ALAPPUZHA- KERALA 688006 | City | | ALAPPUZHA |
| | State/UT | KERALA | Pin code | 688006 |
| Present Contact Address | | City | | |
| | State/UT | MAHARASHTRA | Pin Code | |
| | Phone (Off) | | Fax | |
| | Phone (Res) | | Mob No | 9895334237 |
| | E-Mail (Mandatory) | mohammedashikk958@gmail.com | | |

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

| | | | | |
|--|----------------------|-------------------|------------------|--|
| Qualification | Discipline | Specialization 1 | | |
| 1. B.Tech | CIVIL | Civil Engineering | | |
| Year | Division | CGPA | Specialization 2 | |
| 2015 | First Division | 7.17 | | |
| Institution | University | Place | Country | |
| COLLEGE OF ENGINEERING AND MANAGEMENT PUNNAPRA, ALAPPUZHA KERALA | UNIVERSITY OF KERALA | ALAPPUZHA, KERALA | INDIA | |

Experience

| | |
|-----------------|-----------|
| Type of Posting | GROUP `B' |
| | |

| | | | | | |
|--|-------|------------------------|------------------------------|----------------------------------|---------------|
| Designation | | Draftsman Grade-I | | | |
| Ministry | | MINISTRY OF JAL SHAKTI | | | |
| Office | | CWPRS, PUNE | | | |
| Experience Subject | | Period of Posting | | | |
| Major | | Minor | | From | To |
| <i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject</i> | | | | | |
| Training | | | | | |
| Training Year | | Training Name | | Training Subject | |
| | | | | | |
| | | Field Visit Country | | Field Visit Place (within India) | |
| | | | | | |
| Sponsoring Authority | | Period of Training | | Duration | Result |
| | | From | To | (in Weeks) | Qualified |
| | | | | | Not Qualified |
| Awards/Publications | | | | | |
| Type of Activity: | | Academic | | 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 : 09.09.2020

Place : PUNE

Information checked and verified – by Signature of Officer

| | | | | | |
|-----------------|--|----------------------|----------------|--|--|
| Section Officer | | Ministry/ Department | | | |
| E-mail id | | Room NO. | Building Name: | | |
| Phone NO. | | Wing No. | | | |