

ER Sheet Data Entry Form

| Basic Data | | | | | | | | | |
|---|------------------|----------------------|---------------|----------------------------|--------------------|--------------------|------------|---------------------------------------|--------|
| Officer ID No. Details | | | | | | | | | |
| Service | CSS | Cadre | | | Sub Cadre | | Id No. | Will be allocated by CS Division, LNB | |
| Select List Year (Allot Year) | | | | | | | | | |
| Name Details | | | | | | | | | |
| Title | | First Name | | | Middle Name | | | Sur Name | |
| | | MAYUR | | | RAM | | | Initials | BATHAM |
| CSL No./ SCSL No: (if known) | | | | | | | | | |
| Sex | Male | | Date Of Birth | 21/02/1991 | Date of Retirement | 28/02/1951 | | | |
| Community | HINDI | | | Religion | HINDU (DHOBI) | | | | |
| Father's Name | | RAM TARACHAND BATHAM | | | | | | | |
| Birth Details | | | | | | | | | |
| Birth Place | PUNE | | | Birth State/UT | MAHARASHTRA | Nationality | INDIAN | | |
| Birth District | PUNE | | | Mother Tongue | HINDI | | | | |
| Domicile | MAHARASHTRA | | | Physically Handicap Status | NO | | | | |
| Blood Group | O (+) | | | Identification Marks | MOLE ON NOSE | | | | |
| Marital Details | | | | | | | | | |
| Marital Status | UNMARRIED | | | Spouse Name | | | | | |
| Spouse Nationality | INDIAN | | | | | | | | |
| Joining Details | | | | | | | | | |
| Source of Recruitment | DIRECT INTERVIEW | | | Joining Date | 08/01/2016 | Retirement Details | 28/02/1951 | | |
| Departmental Examination Details | | | | | | | | | |
| Level | | | | Year | | | Rank | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

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 |
| | | | | |

Details of Foreign Visit

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

Transfer/Posting Detail (if applicable)

| Place | Period of posting | | | |
|------------------------|-------------------|------|-------|-------|
| | Since | | | From |
| | | | | |
| | | | | |
| Remarks (if any) | | | | |
| Language known | | | | |
| | | Read | Write | Speak |
| Indian Languages Known | HINDI | YES | YES | YES |
| 2 | MARATHI | YES | YES | YES |
| 3 | ENGLISH | YES | YES | YES |
| 4 | | | | |
| 5 | | | | |
| Foreign Language | | | | |
| 1 | | | | |
| 2 | - | - | - | - |
| 3 | | | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | | | |
|--|----------|---------------------|------------------------------|----------------------------------|------------------|---------------|
| Qualification | | Discipline | | | Specialization 1 | |
| ITI(MACHINIST) | | ITI | | | | |
| Year | Division | | CGPA | | Specialization 2 | |
| 2009 | 1st | | 73.23% | | | |
| Institution | | University | | Place | | Country |
| PUNE | | PUNE | | PUNE | | INDIAN |
| Experience | | | | | | |
| Type of Posting | | | Level | | | |
| | | | | | | |
| Designation | | | Present Position | | | |
| MACHINIST | | | CRAFTSMAN(D) | | | |
| Ministry | | | Department | | | |
| MOWR RD&GR | | | CWPRS | | | |
| Office | | | Place | | | |
| CWPRS | | | PUNE | | | |
| Experience Subject | | | Period of Posting | | | |
| Major | | Minor | | From | | To |
| NA | | NA | | NA | | NA |
| <i>Note: -Refer the Annexure to fill above Major, Minor Subjects and below given training subject</i> | | | | | | |
| Training | | | | | | |
| Training Year | | Training Name | | | Training Subject | |
| NA | | NA | | | NA | |
| | | 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 :

Place :

Information checked and verified – by

Signature of Officer

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

