

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	
MOHIT				Initials		CHOUDHARY	
CSL No./ SCSL No: (if known)							
Sex	Male	Date Of Birth	01/06/1993	Date of Retirement	31/05/2053		
Community	GENERAL		Religion	HINDU			
Father's Name		GULVEER SINGH					
Birth Details							
Birth Place	YAKUBPUR		Birth State/UT	UTTAR PRADESH	Nationality	INDIAN	
Birth District	BULANDSHAHR		Mother Tongue		HINDI		
Domicile	UTTAR PRADESH		Physically Handicap Status		NO		
Blood Group				Identification Marks	MOLE ON RIGHT HAND		
Marital Details							
Marital Status	UNMARRIED		SPOUSE NAME		NIL		
Spouse Nationality		NIL					
Joining Details							
Source of Recruitment		SSC	Joining Date	26/04/2016	Retirement Details	31/05/2053	
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 1 Known	HINDI	YES	YES	YES
2	ENGLISH	YES	YES	YES
3				
4				
5				
Foreign Languages 1				
2	-	-	-	-
3				
Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification	Discipline		Specialization 1	
12 th	SCIENCE		MATHS	
Experience				
Type of Posting	GROUP 'C'			
Designation	LOWER DIVISION CLERK			
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	
Level	Institute Name, Place		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.	