

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	ministerial	Sub Cadre	NA	Id No.	Will be allocated by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	
MRS	AMOL	HANMANTRAO	GAIKWAD	Initials AHG

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date Of Birth	01-05-1988	Date of Retirement	30-04-1948
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Community	SC	Religion	HINDU (MAHAR)
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Father's Name: GAIKWAD HANMANT EKNATHRAO

Birth Details

Birth Place	LATUR	Birth State/UT	MAHARASHTRA	Nationality	INDIAN
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Birth District	LATUR	Mother Tongue	MARATHI
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Domicile	(LATUR) INDIAN	Physically Handicap Status	N.A.
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Blood Group	O+VE	Identification Marks	MOLE BELOW NOSE
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Marital Details

Marital Status	UNMARRIED	Spouse Name	N.A.
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Spouse Nationality	N.A.
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Joining Details

Source of Recruitment	UPSC	Joining Date	23-10-2015	Retirement Details	30-04-1948
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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

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
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	MARATHI	YES	YES	YES
	2	HINDI	YES	YES	YES
	3	ENGLISH	YES	YES	YES
Foreign Languages	1	NIL	NIL	NIL	NIL
	2	NIL	NIL	NIL	NIL
	3	NIL	NIL	NIL	NIL
Experience					
Type of Posting		GROUP `B'			
Designation		RESEARCH ASSISTANT (ENGINEERING)			
Ministry		MINISTRY OF WATER RESOURCES			
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 : 29-10-2015

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.			