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Foreign Languages Known			
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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

SI.	Place of Visit	Date of	Post held at	Whether it	Details of visit
No.		visit	that time	is a	
				personal or	
				official visit	
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Transfer/Posting Detail (if applicable)

Place	Period of posting				
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Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)						
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Note: (Note: (i) Concerned CCS Officer is responsible for the correctness of information sent										

Note: (i) Concerned CCS Officer is responsible for the correctness of information sent through ER Sheet Performa.

	(ii) Subject to verification by the concerned administrative au	thorities.
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.	