

## 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				
Mrs.	Supriya	Shashank	Oak	Initials			

CSL No./  
SCSL No: (if known)

Sex	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Date Of Birth	28/09/1961	Date of Retirement	30/09/2021
-----	-------------------------------	--	---------------	------------	--------------------	------------

Community	Brahmin	Religion	Hindu
-----------	---------	----------	-------

Father's Name Vinayak Trimbak Phadke

Birth Details

Birth Place	Nashik	Birth State/UT	Maharashtra	Nationality	Indian
-------------	--------	----------------	-------------	-------------	--------

Birth District	Nashik	Mother Tongue	Marathi
----------------	--------	---------------	---------

Domicile	Maharashtra	Physically Handicap Status	Not Applicable
----------	-------------	----------------------------	----------------

--	--	--	--

Blood Group	A Positive	Identification Marks	Birth mark on right forearm
-------------	------------	----------------------	-----------------------------

Marital Details

Marital Status	Married	Spouse Name	Shashank Mahadev Oak
----------------	---------	-------------	----------------------

Spouse Nationality	Indian
--------------------	--------

Joining Details

Source of Recruitment	Employment Exchange	Joining Date	10/04/1985	Retirement Details	
-----------------------	---------------------	--------------	------------	--------------------	--

Departmental Examination Details :

	Level	Year	Rank
1	<b>NIL</b>		
2			

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
<b>NIL</b>				

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
	<b>NIL</b>				

Transfer/Posting Detail (if applicable)

Place	Period of posting	
	Since	From
<b>NIL</b>		

Remarks (if any)					
Language known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known					
1	Hindi	Yes	Yes	Yes	
2	Marathi	Yes	Yes	Yes	
3					
4					
Foreign Languages					
1	English	Yes	Yes	Yes	
2					
3					

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification	Institution/ University	Year	Division /CGPA	Discipline	Specialization 1 / 2
B.Sc.	University of Bombay	1981	First	Chemistry, Zoology	
B.Lib.Sc.	University of Pune	1984	First	Library Science	
M.A.	S.N.D.T. Women's University, Bombay	1990	First	Sociology	
<b>Experience</b>					
Type of Posting			Level		
Permanent					
Designation			Present Position		
Library & Information Assistant			Library & Information Assistant		
Ministry			Department		
Ministry of Water Resources, River Development & Ganga Rejuvenation					
Office			Place		
Central Water & Power Research Station			Pune		
Experience Subject			Period of Posting		
Major		Minor		From	
				10/04/1985	
				Till to date	
<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	
		From		( in Weeks)	
		To			
				Qualified	
				Not Qualified	
<b>Awards/Publications : NIL</b>					
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 :

Signature of Officer

Information checked and verified – by

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