

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	"C"	Sub Cadre	Upper Division Clerk	Id No.	1371	will be alerted by CS Division, LNB
Select List Year (Allot Year)	1994							

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr. <input type="checkbox"/>	VARA PRASAD	VENKATA RATNA	KAVIKONDALA	KVRV	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	07/02/1972	Date of Retirement	28/02/2032
Community	General <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>		
Father's Name	NARASIMHA RAO KAVIKONDALA				

Birth Details

Birth Place	KOVVUR	Birth State/UT	Andhra Pradesh <input type="checkbox"/>	Nationality	INDIAN
Birth District	WEST GODAVARI	Mother Tongue	TELUGU		
Domicile	Andhra Pradesh <input type="checkbox"/>	Physically Handicap Status	— <input type="checkbox"/>		
Blood Group	O +ve <input type="checkbox"/>	Identification Marks	A mole on the Right arm.		

Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	KIRANMAYI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	LDC/DIRECT <input type="checkbox"/>	Joining Date	22/04/1994	Retirement Details	28/02/2032
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Departmental Examination Details

	Level	Year	Rank
1	— <input type="checkbox"/>	—	—
2	— <input type="checkbox"/>	—	—
3	— <input type="checkbox"/>	—	—

Sh. Kotwal
12/1/17

Remarks (if any)		—			
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	TELUGU	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	ENGLISH	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Limited <input type="checkbox"/>
	3	HINDI	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	4	SANSKRIT	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Limited <input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details					
Permanant Address		K.V.R.VARA PRASAD, ^{GANDHI} Flat No.503, SRINI RESIDENCY, ^{NAGAR}		City KAKINADA	
		State/UT Andhra Pradesh <input type="checkbox"/>	Pin Code	533004	
Present Contact Address		K.V.R. VARA PRASAD ^{GANDHI} Flat No.503, SRINI RESIDENCY, ^{NAGAR}		City KAKINADA	
		State/UT Andhra Pradesh <input type="checkbox"/>	Pin Code	533004	
		Phone (Off)	0884 2372254	Fax. 0884 2350054	
		Phone(Res)	0884 2361616	Mob No 9490042473	
		E-Mail (Mandatory)	nihprasad@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Bachelor of Commerce (B.Com.)	Commerce / Accountancy		Accountancy
Year	Division	CGPA	Specialization 2
1993	SECOND		
Institution	University	Place	Country
Post Graduate College	Osmania University	Hyderabad	India

Experience			
Type of Posting		Level	
<input type="checkbox"/>		<input type="checkbox"/>	
Designation		Present Position	
<input type="checkbox"/>		<input type="checkbox"/>	
Ministry		Department	
Office		Place	
Experience Subject		Period of Posting	
Major	Minor	From	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

Training			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
<input type="checkbox"/>			
Sponsoring Authority	Period of Training		Duration
	From	To	(in Weeks)
			<input type="radio"/> Qualified
			<input type="radio"/> Not Qualified

Awards/Publications			
Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject	Activity Title
<input type="checkbox"/>			
Day	Month	Year	Level
			<input type="checkbox"/>
Activity Description/Remarks			

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 : 9.7.2015 Place : Kakinada.
Information checked and verified - by

[Signature]
Signature of Officer

Section Officer	<i>[Signature]</i>	Ministry/Department	
E-mail Id	sdadani@ernct.in	Room No.	211
Phone No.	249258	Wing No.	
		Building Name :	