

ER Sheet Data Entry Form

Basic Data
Officer ID No. Details

Service	CSS	Cadre	Service	Sub Cadre	Id No.	<small>will be alerted by CS Division, LNB</small>
					1448	
Select List Year (Allot Year)						

Name Details

Title	First Name	Middle Name	Sur Name	Initials	Dr
Mrs	Jyoti	Parasharam	Patil		
CSL No./ SCSL No: (if known)					
Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	12/02/1982	Date of Retirement
					28/02/2042
Community		OBC	Religion	Hindu	
Father's Name		Patil Parasharam U			

Birth Details

Birth Place	Dugad	Birth State/UT	Maharashtra	Nationality	Indian
Birth District	Thane	Mother Tongue		Marathi	
Domicile	Maharashtra	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	Mole on right wrist		

Marital Details

Marital Status	Married	Spouse Name	Shirsath Paresh Bhaskar
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Joining Date	20/10/2010	Retirement Details
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read		Write	Speak
Indian Languages Known	1	English	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3	Marathi	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		At Po Dugad, Teh. Bhiwandi		City	Thane
		State/UT	Maharashtra	Pin Code	421,302
Present Contact Address		Block No 21/39, Second Floor, Old Rajinder Nagar		City	New Delhi
		State/UT	Delhi	Pin Code	110,060
		Phone (Off)	1,124,653,812	Fax.	1,124,653,812
		Phone(Res)		Mob No	9,868,677,316
		E-Mail (Mandatory)	jyotip.patil@nic.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)							
Qualification		Discipline		Specialization 1			
Ph. D		Agricultural Engineering		Soil and Water Conservation Engineering			
Year		Division		CGPA		Specialization 2	
2,013		First		8.44		IWRM	
Institution		University		Place		Country	
Indian Agricultural Research				New Delhi		India	

Experience							
Type of Posting		Level					
		Other					
Designation		Present Position					
		Regular					
Ministry		Department					
Ministry of Water Resources, RD & GR		National Institute of Hydrology					
Office		Place					
LCU, NIH, Lok Nayak Bhawan, Delhi		New Delhi					
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)	
Sponsoring Authority	Period of Training		Duration	Result
	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
Day	Month	Year	Level
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.	