

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	SA	Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	A.C.Barua
Mr. <input checked="" type="checkbox"/>	Ajit	Chandra	Baruah		A.C.Barua
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.01.1958	Date of Retirement	31.12.2017
Community		OBC <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>	
Father's Name		Late Khageswar Baruah			

Birth Details

Birth Place	Sivsagar	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Sivsagar	Mother Tongue		Assamese	
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status		<input checked="" type="checkbox"/>	
Blood Group	A +ve <input checked="" type="checkbox"/>	Identification Marks			

Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs.Nirupama Baruah
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Self Assst. <input checked="" type="checkbox"/>	Joining Date	17.12.1983	Retirement Details	31.12.2017
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Departmental Examination Details

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

Remarks (if any)							
Language Known							
		Read		Write		Speak	
Indian Languages Known	1	Assamese	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3	Sanskrit	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Address Details							
Permanant Address		Jhanji Boruakuri, P.O.- Jhanji, District-Sivasagar			City	Sivasagar	
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	785683		
Present Contact Address		Lakhimpur Division, Brahmaputra Board, North Lakhimpur-787031			City	Lakhimpur	
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031		
		Phone (Off)	03752-232307	Fax.			
		Phone(Res)		Mob No	9613160549		
		E-Mail (Mandatory)					

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Pre Degree		Council			
Year	Division	CGPA		Specialization 2	
1978	III				
Institution		University		Place	Country
Jhanji HS School		Dibrugarh		Sivasagar	India
Experience					
Type of Posting			Level		
OTHER <input checked="" type="checkbox"/>			Other <input checked="" type="checkbox"/>		
Designation			Present Position		
Sectt. Assst.			Regular <input checked="" type="checkbox"/>		
Ministry			Department		
MOWR RD & GD			Brahmaputra Board		
Office			Place		
Lakhimpur Division			North Lakhimpur		
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 checked="" type="checkbox"/>					
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	Activity Description/Remarks		Level
					<input checked="" type="checkbox"/>

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

Ajit Ch. Baruah
Signature of Officer

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