

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Kalita	Bakul	Kumari	Kalita	<i>BK</i>
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30-11-1958
Date of Retirement			30-11-2018	
Community		General	Religion	Hindu
Father's Name		Late - Apurba Kalita		

Birth Details

Birth Place	Hapapata	Birth State/UT	ASSAM	Nationality	Indian
Birth District	Dhubri	Mother Tongue		Assamese	
Domicile	ASSAM	Physically Handicap Status			
Blood Group	O (+ve)	Identification Marks		cut mark on right hand for finger	

Marital Details

Marital Status	Married	Spouse Name	Mrs Gita Kalita
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Appointment	Joining Date	01-04-1982	Retirement Details	30-11-2018
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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	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	vill - Haparata P.O. Salkocha DIST- Dhubri Assam		City	Dhubri
	State/UT		Pin Code	
Present Contact Address	vill - Mutaka noted no-3 P.O. Rangia DIST- Kamrup		City	Rangia
	State/UT	Assam	Pin Code	781354
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9401250771
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification <i>Class-X</i>		Discipline		Specialization 1	
Year		Division		CGPA	
Specialization 2		Institution		University	
Place		Country			

Experience

Type of Posting		Level			
Designation <i>Pump operator</i>		Present Position <i>Pump operator</i>			
Ministry <i>Ministry of water resources</i>		Department <i>Brahmaputra Board</i>			
Office <i>Nalbari Division</i>		Place <i>Nalbari</i>			
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		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: *Nalbari*

Information checked and verified - by _____

Bakul Kalita

Signature of Officer

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