

All India Service Examination  
 For Posts

ER Sheet Data Entry Form

Basic Data			
Order ID No. Details			
Service Category	Cadre	Sub Cadre	Id No. / Roll No. / etc.
Select Last Year (Allot Year)			
Name Details			
Title	First Name	Middle Name	Sur Name
	BASANTA	KUMAR	NEOG
CSL No. / SC SL No: (if known)		Initials <i>BNK</i>	
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Date of Retirement
		06/05/1962	31/12/2022
Community	Assamese	Religion	Hinduism
Father's Name <i>Late Bogidhar Neog</i>			
Birth Details			
Birth Place	Dekelagaon	Birth State/UT	Assam
Birth District	Jorhat	Mother Tongue	Assamese
Domicile	Assam	Physically Handicap Status	
Blood Group	O + ve	Identification Marks	A small pox spot on right cheek
Marital Details			
Marital Status	Married	Spouse Name	Mrs Dulemoni Borah Neog
Spouse Nationality	Indian		
Joining Details			
Source of Recruitment	Section Assistant	Joining Date	Retirement Details
		29/12/1983	31st Dec/2022
Departmental Examination Details			
Level	Year	Rank	

		Read	Write	Speak
Languages known	1	Assamese	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	2	Hindi	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foreign Lang. Known	1	English	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	2		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Address Details					
Permanent Address	vill P.O. - Tekela gaon via - Gobonga, Dist - Jorhat Assam.		City	Jorhat	
	State/UT	<input checked="" type="checkbox"/>	Pin Code		
Present Contact Address	vill P.O. - Tekela gaon, via - Gobonga, Dist - Jorhat		City	Jorhat	
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code		
	Phone (Off)		Fax.		
	Phone (Res)		Mob No	961370 3151	
	E-Mail (Mandatory)				

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

Qualification	Discipline	Specialization
H.S.L.C. <input checked="" type="checkbox"/> Passed	CCPA	Specialization
Year	Index	
1979	2nd	
Institution	University	Place
Madhwa High School		Jorhat
		Country
		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
<input type="checkbox"/>		Field Visit Place (within India)
Sponsoring Authority	Period of Training	Duration
	From To	(in Weeks)
		Result
		<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
Activity Description/Remarks		Level
		<input 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 \_\_\_\_\_

*abe*  
S/A  
Signature of Officer

Section Officer	Ministry/Department
Email Id	Room No.
Phone No	Building Name
	Wing No