

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details 157

Service	CSS	Cadre		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
Mr.	Bhaben	Chandra	Das	B. Chandra Das

CSL No./ SCSL No: (if known)

Sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.11.1959	Date of Retirement	31.10.2019
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Community	General	Religion	Hindu
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Father's Name Late Karuna Kanta Das

Birth Details

Birth Place	Baladmari	Birth State/UT	Assam	Nationality	Indian
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Birth District	Goalpara	Mother Tongue	Assamis
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Domicile	Assam	Physically Handicap Status	
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Blood Group	A +ve	Identification Marks	Cut mark on nose
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Khargeswari Bala Das
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Spouse Nationality

Joining Details

Source of Recruitment		Joining Date	15.06.1982	Retirement Details	30.11.2019
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
			<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1	Assamese	Fluent	Limited	Limited
	2	Hindi	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		Goalpara, Baladmari, Beltola		City	Goalpara Town
	State/UT	Assam		Pin Code	783,101
Present Contact Address		O/o the C.E.-I, Brahmaputra Board, Guwahati-29		City	Guwahati
	State/UT	Assam		Pin Code	781,029
	Phone (Off)			Fax.	
	Phone(Res)			Mob No	9,435,820,252
	E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
Class VI pass					
Year	Division	CGPA		Specialization 2	
1,971					
Institution		University		Place	Country
M.A.Madrassa High School					

**Experience**

Type of Posting		Level			
Designation I		Present Position			
Record Sorter					
Ministry		Department			
Ministry of Water Resorces		Brahmaputra Board			
Office		Place			
Experience Subject		Period of Posting			
Major		Minor		From	To

Note:- Refer the Annexure to fill above Major, Minor Subjects and below givan 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 : 14-10-2015 Place : Guwahati

Information checked and verified - by

Signature of Officer

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