

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
						407	

Select List Year (Allot
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	BIPUL	BORGOHAIN		BW

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	31-12-1963	Date of Retirement	31-12-2023
Community	OBC	Religion	Hindu		
Father's Name	LT. MOHANDRA BOR GOHAIN.				

Birth Details

Birth Place	ROHAN GOHA N GAON.	Birth State/UT	ASSAM	Nationality	INDIAN.
Birth District	SIBSAGAR	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group	O+ve	Identification Marks	A Cut mark on left side of forehead.		

Marital Details

Marital Status	Married	Spouse Name	Mrs Honima Borgohain
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	By passing interview	Joining Date	2-11-84	Retirement Details	31-12-2023
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

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Remarks (if any)					
Language Known					
			Read	Write	Speak
Indian Languages Known	1	Hindi	Fluent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	2	English	Fluent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	3	Assamese	Fluent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	4	Bengali	Fluent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details					
Permanent Address		Rohan Gohainagar, Sapakhati Dist - Sibsagar		City	
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	
Present Contact Address		K.K. Handique Nagar, Kakhilpara Guwahati - 19, Dist - Kamrup		City	Guwahati
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	781019
		Phone (Off)	2301320	Fax.	
		Phone (Res)		Mob No	9401469084
		E-Mail (Mandatory)			

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Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
HSLC Passed				
Year	Division	CGPA		Specialization 2
1989	III			
Institution	University	Place	Country	
SEBA		Sibsagar	India	
Experience				
Type of Posting			Level	
Regular <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Designation			Present Position	
Blue pointer <input checked="" type="checkbox"/>			Blue pointer <input checked="" type="checkbox"/>	
Ministry			Department	
			Brahmaputra Board	
Office			Place	
Guwahati Circle			Guwahati-29	
Experience Subject			Period of Posting	
Major		Minor	From	To
			10-10-2005	
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: 10-10-15 Place: Guwahati-29

Information checked and verified - by

Signature of Officer

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