

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Server	CSS	Cadre		Sub cadre		ID No 453	will be alerted by CS division. LNB
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Select List Year (Allot year)

Name Details

Title First Name Middle Name Sue Name

SRI	BIREN	CHANDRA	KALITA	Initial	<i>K</i>
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CSL No./ SCSL No. (if known)

Sex	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	30-09-1957	Date of Retirement	30-09-2017
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Community	Indian	Religion	HINDUSIM
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Father's Name	LATE MINA RAM KALITA
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Birth Details

Birth Place	RAJAPUKHURI	Birth Stat/UT	Assam	Nationality	India
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Birth District	KAMRUP	Mother Tongue	Assamia
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Domicile	ASSAM	Physically Handicap Status	
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Blood Grup		Identificaation Marks	BLACK SPOT AT FORHEAD
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Marital Status

Marital Status	Married	Spouse Name	MRS PRITELATA KALITA
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Data	01/11/1976	Retirement Details	30-09-2017
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read		Write	Speak
Indian Known	Languages	Assamese	Yes	Yes	Yes
		Hindi	Yes	Yes	Yes
Foreign Known	Languages	English	Yes	Yes	Yes

Address Details

Permanent Address	Vill. RAJAPUKHURI		P.O.	City	GUWAHATI
	BHAGAPATEPARA				
	State/UT	Assam	Pin Code	781132	

Permanent Address	Vill. RAJAPUKHURI		P.O.	City	GUWAHATI
	BHAGAPATEPARA				

	State/UT	ASSAM	Pin Code	781132	
	Phone(Of)		Fax		
	Phone(R)		Mob No	9613754039	
	E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
CLASS -X					
Year	Division	CGPA	Specialization 1		
Institution	University		Place	County	
				INDIA	

Experience			
Type of Posting		Level	
Designation		Present Position	
OFFICE PEON		OFFICE PEON	
Ministry		Department	
MINISSTRY OF WAATER RESOURCES		BRAHMAPUTRA BOARD	
Office		Place	
MIRZA SUB-DIVISION		MIRZA	
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	
2009	PAY BAND -I	BASIC KNOWLEDGE OF ESSANTIAL RULES	
Level	Institue Name,Place	Field Visit Country	Field visit Place (within India)
Sponsoring Authority	Period of Training	Duration	Result
	From To	(in Weeks)	<input checked="" type="radio"/> Qualified
	24-11-09 7/12/2009	2 TWO WEEKS	<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

Note (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned adminisstrative authoritiles.

Date : Place:

Information checked and verified by

S. P. B. S. S. S.
Signature of Officer

Section Officer	Ministry/Depaartment	
E- mail ID	Room No	Buildidng Name
Phone No	Wing No	