

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
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Birendra	Nath	Barman	<i>Barman</i>
CSL No./ SCSL No: (if known)			(B. N. Barman)	
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.02.1961	Date of Retirement
Community		General	Religion	Hindu
Father's Name		Late Gauri kanta Barman		

Birth Details

Birth Place	Chamata	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue		Assamese	
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks		A cut mark in right hand mic	

Marital Details

Marital Status	Married	Spouse Name	Mrs. Kunjalata Barman
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	LDC	Joining Date	25.08.1989	Retirement Details	31.01.2021
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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				
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Limited
	2				
	3				
Address Details					
Permanant Address		Vill- Rupiabathan, P.O. Chamata, Dist- Nalbari		City	Nalbari
		State/UT	Assam	Pin Code	781,306
Present Contact Address		same as above		City	Nalbari
		State/UT	Assam	Pin Code	781,306
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	7,906,292,412
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC passed					
Year	Division	CGPA		Specialization 2	
1,978	Simple				
Institution		University		Place	Country
Chamata Higher Secondary		Guwahati		Chamata	India

Experience					
Type of Posting			Level		
			LDC		
Designation			Present Position		
LDC			Regular		
Ministry			Department		
MoWR RD & GR, GOI			Brahmaputra Board		
Office			Place		
Guwahati Division			Basistha, Guwahati		
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 : _____

Information checked and verified - by _____


Signature of Officer

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