

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division. I NB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Chakradhar		Kalita	<i>Chakradhar Kalita</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	30.09.1965	Date of Retirement	30.09.2025
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Community	General	Religion	Hindu
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Father's Name	Late Puspa Ram Kalita
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Birth Details

Birth Place	Barama	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue		Assamese	
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks		one spot on the right shoulder	

Marital Details

Marital Status	Married	Spouse Name	Mrs. Jonali Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	31.12.1983	Retirement Details	30.09.2025
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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	Hindi	Limited	Limited	Limited
	3	Benglai	Limited	Limited	Limited
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				
Address Details					
Permanant Address		Barama, P.O. Barama		City	Nalbari
		State/UT	Assam	Pin Code	
Present Contact Address		Brahmaputra Board Colony		City	Guwahati
		State/UT	Assam	Pin Code	78,029
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9,085,095,893
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VIII					
Year	Division	CGPA	Specialization 2		
1,984					
Institution		University		Place	Country
Pub Guwahati High School				Guwahati	India

Experience

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