

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

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

## Name Details

Title	First Name	Middle Name	Sur Name	Initials	
	CHANDRA	KANTA	SARMA	JMSA	
CSL No./ SCSL No: (if known)					
Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-1-1956	Date of Retirement
Community		GENARAL	Religion	HINDU	
Father's Name		LET. HARI KANTA SARMA			

## Birth Details

Birth Place	NADIS	Birth State/UT		Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMEES		
Domicile		Physically Handicap Status	DNA		
Blood Group	B + (POSITIVE)	Identification Marks			

## Marital Details

Marital Status	MARRIED	Spouse Name	GHANADA DEVI
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	23-5-1983	Retirement Details	31-12-2015
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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	y	y
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

**Address Details**

Permanant Address	BARAMA COLLEGE ROAD P.S. Nalbari		City	Nalbari
	State/UT		Pin Code	
Present Contact Address	vill. BARZAR P.O. BARAMA (Nalbari)		City	NALBARI
	State/UT	ASSAM	Pin Code	
	Phone (Off)	03662220572	Fax.	
	Phone(Res)		Mob No	9613030273
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Office		Place	
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
	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	Level
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 : *Nalbari*

*Sai Chandra Kurte Somu*

Information checked and verified - by \_\_\_\_\_ Signature of Officer

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