

Basic Data

Officer ID No. Details

Service/CSS	Cadre	PEGN	Sub Cadre	PEGN	Id No.	Wife married by Division I No.
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	DANESWAR		KALITA	D. KALITA

CSL No. /  
SCSL No. (if known)

Sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	1.1.59	Date of Retirement	31.12.2018
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Community	GENERAL	Religion	HINDU
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Father's Name: LATE KALIRAM KALITA

Birth Details

Birth Place	KHATARA	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	DARRONG	Mother Tongue	ASSAMESE
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Domicile	ASSAM	Physically Handicap Status	
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Blood Group	B. NEG.	Identification Marks	CUT OF MARK LEFT LEG
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Marital Details

Marital Status	MARRIED	Spouse Name	RINU KALITA
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment		Joining Date	12.2.86	Retirement Details	31.12.18
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

Language Known

		Read	Write	Speak	
Indian Languages Known	1	ASSAMESE	FLUENT	FLUENT	FLUENT
	2	HINDI	4 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1	ENGLISH	LIMITED	LIMITED	LIMITED
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Address Details

Permanent Address	vill - Khatara - p.o. Dipida. PS - Sipajhor		City	Mangaldai,
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	784144.
Present Contact Address	BRAHMAPUTRA BOARD.		City	GUWAHATI.
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	781029.
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	9435014462.
	E-Mail (Mandatory)			

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

Qualification	Discipline	Specialization 1
HSLC		
Year	Division	CGPA
		Specialization 2

Institution	University	Place	Country
Deomoria Higher Secondary Experience		Deomoria	

Type of Posting	Level		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Designation	Present Position		
peon	Regular		
Ministry	Department		
MOWR, RD & CR	Brahmaputra Board		
Office	Place		
Secretariate	Cachar		
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)
<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	Level
Activity Description/Remarks			<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: 10.9.15 Place: Cachar  
Information checked and verified - by *Si Doneswar Kalita*  
Signature of Officer

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