

Attending - In Business Secretary
 Br. Rosal.

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service CSS	Cadre	Sub Cadre	Id No.	will be allotted by Govt. of India
Select List Year (Allot Year)				

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	DEVA	PRASAD	KALITA	Kalita
CSL No./	SOSL No: (if known)			

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	1-3-1961	Date of Retirement	28-2-2021
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Community	Assamese	Religion	Hinduism
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Father's Name	Late. Durgaswar Kalita
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Birth Details

Birth Place	Sibsagen	Birth State/UT	Assam	Nationality	Indian
Birth District	Sibsagen	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	A+B	Identification Marks	A cut mark on right hand		

Marital Details

Marital Status	Married	Spouse Name	Ms. Anju Kalita
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Joining Date	1-1-1984	Retirement Details	29-2-2021
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Departmental Examination Details

Level	Year	Rank
1	Training programme	April / 2012
2		Pass.

Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Assamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanant Address	Manghenfa, 2 NO LAZUM		City
	Dist-Tinsukia, 786181-Pin		
Present Contact Address	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code 786181
	Manghenfa, 2 NO LAZUM		City
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code 786181
	Phone (Off)		Fax.
	Phone(Res)		Mob No 8011510030
E-Mail (Mandatory)	No		

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

Qualification	Discipline	Specialization 1
Class <u>X</u>		
Year	CGPA	Specialization 2
Institution	University	Place
		Country

Experience			
Type of Posting		Level	
<input type="checkbox"/>		<input type="checkbox"/>	
Designation		Present Position	
<input type="checkbox"/>		<input type="checkbox"/>	
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)
<input 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 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. *Deva Prasad Kalita*
Delling. 4.

Date: _____ Place: _____
Information checked and verified - by _____ Signature of Officer

Section Officer	Ministry/Department
Room No.	Building Name