

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.	Dhiren	Chandra	Deka	<i>DDKA</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30.09.1962	Date of Retirement	30.09.2022
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Community	General	Religion	Hindu
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Father's Name: Late Dusta Ram Deka

Birth Details

Birth Place	khalihoi	Birth State/UT	Assam	Nationality	Indian
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Birth District	Darrang	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	A BLACK SPOT IN THE MIDDLE PORTION THROAT.
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Marital Details

Marital Status	Married	Spouse Name	Uttara Deka
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	LDC	Joining Date	10.04.1984	Retirement Details	30.09.2022
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Limited	Limited	Limited
	3	Bengali	Limited	Limited	Limited
	4				
	5				
Foreign Lang. Known	1	English	Limited	No	No
	2				
	3				

Address Details

Permanant Address	Vill- Khalihoi P.O.- Ganeshkuwori		City	
	State/UT	Assam	Pin Code	784145
Present Contact Address	O/o the CE-II. Brahmaputra Board, Basistha. Guwahati		City	Guwahati
	State/UT	Assam	Pin Code	781029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9577865437
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class Eight Pass					
Year	Division	CGPA		Specialization 2	
Institution		University		Place	Country
Khalihoi Anonolik High School				Khalihoi	India

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	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 _____

Sri Phibon C. Ska
Signature of Officer

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