

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	
---------	-----	-------	--	--------------	--	--------	--

Select List Year (Allot  
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	DHIRESWAR		DEKA	D. Deka
CSI No / SCSL No: (if known)				

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-01-1971	Date of Retirement	31-12-2030
Community	Kakita. (General)		Religion	HINDU		
Father's Name	Jangha Deka					

Birth Details

Birth Place	MUKTAPUR (Kamrup, R)	Birth State/UT	Assam.	Nationality	Indian.
Birth District	Kamrup	Mother Tongue			
Domicile	ASSAM.	Physically Handicap Status			
Blood Group	O +	Identification Marks			

Marital Details

Marital Status	MARRIED.	Spouse Name	RANJU DEKA
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Regular	Joining Date	1-2-1995	Retirement Details
-----------------------	---------	--------------	----------	--------------------

Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Marks (if any)							
Language Known				Read	Write	Speak	
Indian Languages Known	1	Assamese		Read.	Read.	Read.	
	2						
	3						
	4						
	5						
Foreign Lang. Known	1						
	2						
	3						

**Address Details**

Permanant Address	VILL:- NA-SATRA, BANGALGAON. P.O. Kamrup.		City	Guesabat
	State/UT		Pin Code	
Present Contact Address	c/o Bijoy Baishya. Barbert- Nayan. Baridhata. City.		City	Guesabat
	State/UT	Assam.	Pin Code	
	Phone (Off)		Fax. 9954089	
	Phone(Res)		Mob No 616.	
	E-Mail			
	(Mandatory)			

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

Qualification <i>Read up to class = VII</i>	Discipline	Specialization I	Specialization II
Year	Division	CGPA	
Institution <i>NA-Saturday Evening School</i>	University	Place	Country <i>India</i>

Experience		Type of Posting <i>Regular</i>	Level
Designation <i>Canteen bearer</i>		Present Position <i>Canteen Bearer</i>	
Ministry <i>MOWR, RD &amp; CR</i>		Department <i>Water Resources</i>	
Office <i>Brahmaputra Board</i>		Place <i>Burh. Board.</i>	<i>Assam</i>
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 Period (From To)	
Sponsoring Authority	Period of Training		Duration (in Weeks)	Result	
	From	To		<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	

Awards/Publications					
Type of Activity :			<input type="radio"/> Academic <input checked="" type="radio"/> Non Academic		Activity Title
Activity Area			Activity Subject		Level
Day	Month	Year	Activity Description/Remarks		

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: *20/01/18* Place: *Guwahati*

Information checked and verified - by \_\_\_\_\_ Signature of Officer *Sou Dharmar Debo*

Section Officer	Ministry/Department
mail Id	Room No
Phone No	Building Name