

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
TALUKDAR	DILIP	-	TALUKDAR	Dulu

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-12-1960	Date of Retirement	31-12-2020
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Community	General	Religion	Hindu
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Father's Name	Late Gibon Talukdar
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Birth Details

Birth Place	Medhikuchi	Birth State/UT	Assam	Nationality	Indian
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Birth District	Barpeta	Mother Tongue	Assamese
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Domicile		Physically Handicap Status	
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Blood Group	B(+ve)	Identification Marks	
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Bhanita Talukdar
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	Appointment	Joining Date	01-01-1982 9-9-83	Retirement Details	31-12-2020
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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	Fluent	Fluent
	2	Hindi	Limited	Limited
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	vill- Medhikuchi P.O. Hathimapur		City	pathisala
	DIST- Botoepeta (ASSAM)			
	State/UT	ASSAM	Pin Code	781325
Present Contact Address	DO		City	do
	State/UT	ASSAM	Pin Code	781325
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	8720993415
	E-Mail (Mandatory)			

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

Qualification <i>Class - X</i>	Discipline	Specialization 1
Year	Division	CGPA
Institution <i>K.K. High School</i>	University	Place
		Country <i>India</i>

Experience

Type of Posting	Level
Designation <i>P.W.C. Khalasi</i>	Present Position
Ministry <i>Ministry of Water Resources</i>	Department <i>Brahmaputra Board</i>
Office <i>Nalbari Division</i>	Place <i>Nalbari</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 <i>2011</i>	Training Name <i>'D' Group employees</i>	Training Subject <i>Non articulation field works</i>
Level	Institute Name, Place	Field Visit Country
		Field Visit Place (within India)
Sponsoring Authority	Period of Training	Duration
	From	To
		(in Weeks)
		Result
		<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: *Nalbari*

Information checked and verified - by _____

Dipali Talukder
Signature of Officer

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