

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Peon	Sub Cadre	Peon	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**

Mr.	DRUNA	KANTA	GOGOI	Initials	D.K.Gogoi
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CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	11.08.1961	Date of Retirement	31.08.2021
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Community

OBC

Religion

Hindu

Father's Name

Late Narayan Gogoi

Birth Details

Birth Place Sibsagar Birth State/UT Assam Nationality Indian

Birth District Sibsagar Mother Tongue Assamese

Domicile Assam Physically Handicap Status

Blood Group A +ve Identification Marks One cut mark right leg

Marital Details

Marital Status Married Spouse Name Karabi Gogoi

Spouse Nationality Indian

Joining Details

Source of Recruitment Joining Date 10.06.1983 Retirement Details 31.08.2021

Departmental Examination Details

Level Year Rank

1

2

3

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Krishna Kanta Handique Nagar, Kahilipara		City	Guwahati
	State/UT	Assam	Pin Code	781,019
Present Contact Address	Brahmaputra Board, Kamrup (M)		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,957,184,241
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
H.S.L.C					
Year	Division	CGPA		Specialization 2	
1,991	2nd				
Institution		University		Place	Country
Gugamukh High School				Dhemaji	India

Experience

Type of Posting		Level			
Designation		Present Position			
peon		Regular			
Ministry		Department			
MOWR, RD & GR		Brahmaputra Board			
Office		Place			
Secretariat		Guwahati			
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: 30-10-2015 Place: Guwahati

Information checked and verified - by

Sri Aruna Kanta Gogoi
Signature of Officer

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