

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	Dugda	Ram	Bhujar	Dugda Rm Bhujar

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	1-8-1956	Date of Retirement	31-7-2016
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Community	GENERAL	Religion	Hindu
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Father's Name	Late Ramani Kt Bhujar
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Birth Details

Birth Place	Sorlebari	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	Barpeta	Mother Tongue	Assamese
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Domicile		Physically Handicap Status	NO
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Blood Group	O +	Identification Marks	
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Marital Details

Marital Status	Married	Spouse Name	Bhabani Bhujar.
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	BRAHMAUTRA BOARD	Joining Date	1-4-1988 As it should be	Retirement Details	31-7-2016
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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			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill. Bafuzi Nagar. P.O. Satabari		City	Barpeta
	State/UT		Pin Code	
Present Contact Address	Brahmapara Bazar Nalbari Division.		City	Nalbari
	State/UT	Assam	Pin Code	
	Phone (Off)	03662220572	Fax.	
	Phone(Res)	NIL	Mob No	918255078541
	E-Mail (Mandatory)			

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

Qualification <i>HSL.C Pasbad</i>		Discipline		Specialization 1	
Year		Division		CGPA	
Specialization 2		University		Place	
Institution		University		Country	

Experience

Type of Posting			Level		
Designation <i>P.W.C. R/m</i>			Present Position <i>P.W.C. R/m</i>		
Ministry <i>Water Resources</i>			Department <i>Brahmaputra Board</i>		
Office <i>Nalbari sub-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 givan 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: *Nalbari*

Information checked and verified - by _____

Dugdh Karm Bhuyan
Signature of Officer

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