

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 |
|---------|-----|-------|--|--------------|--|--------|---------------------------------------|

Select List Year (Allot
Year)

Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|-------|------------|-------------|----------|----------|
| Mr. | DWIJAMONI | | BARMAN | |

CSL No./
SCSL No: (if known)

| | | | | | | |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 01.01.1960 | Date of Retirement | 31.12.2019 |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|

Community

General

Religion

Hindu

Father's Name

Late Dalia Barman

Birth Details

| | | | | | |
|----------------|---------------|----------------------------|--------|-------------|--------|
| Birth Place | Joypur Pt-III | Birth State/UT | Assam | Nationality | Indian |
| Birth District | Cachar | Mother Tongue | Dimasa | | |
| Domicile | Assam | Physically Handicap Status | | | |
| Blood Group | A +ve | Identification Marks | | | |

Marital Details

| | | | |
|--------------------|---------|-------------|--|
| Marital Status | Married | Spouse Name | |
| Spouse Nationality | Indian | | |

Joining Details

| | | | | | |
|--------------------------|--|-----------------|------------|-----------------------|------------|
| Source of Recruitment | | Joining Date | 22.12.1984 | Retirement Details | 31.12.2019 |
|--------------------------|--|-----------------|------------|-----------------------|------------|

Departmental Examination Details

| | Level | Year | Rank |
|---|-------|------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Remarks (if any)

Language Known

| | | Read | Write | Speak | |
|------------------------|---|---------|---------|---------|---------|
| Indian Languages Known | 1 | Bengali | Limited | Limited | Limited |
| | 2 | Hindi | Limited | Limited | Limited |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Lang. Known | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |

Address Details

| | | | | |
|-------------------------|---|---------------|----------|---------|
| Permanant Address | Vill + P.O- Joypur, Pt-III | | City | Silchar |
| | State/UT | Assam | Pin Code | 788,009 |
| Present Contact Address | O/O the Executive Engineer, Barak Valley Division | | City | Silchar |
| | State/UT | Assam | Pin Code | 788,001 |
| | Phone (Off) | 3,842,230,454 | Fax. | |
| | Phone(Res) | | Mob No | |
| | E-Mail (Mandatory) | | | |

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

| | | | | | |
|---------------|--|------------|--|------------------|--|
| Qualification | | Discipline | | Specialization 1 | |
| Year | | Division | | CGPA | |
| Institution | | University | | Place | |
| | | | | | |

| | | | | | |
|-----------------------------|--|-------|-------------------|------|----|
| Experience | | | | | |
| Type of Posting | | | Level | | |
| Designation | | | Present Position | | |
| Duties Ministry | | | Regular | | |
| Ministry of Water Resources | | | Brahmaputra Board | | |
| Office | | | Place | | |
| Barak Valley Division | | | Silchar | | |
| 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 : 07/10/2015 Place : Silchar

Information checked and verified - by

Subjmani Barman
Signature of Officer

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