

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

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

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
	GIAJEN		RAJBONGSHI	<i>[Signature]</i>

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	26-2-1965	Date of Retirement	31-1-2025
Community	OBC		Religion	HINDU		
Father's Name	LATE UPENDRA RAJBONGSHI					

## Birth Details

Birth Place	KENDUKUCHI	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group	AB+ve	Identification Marks	CUT MARK OF NOSE		

## Marital Details

Marital Status	MARRIED	Spouse Name	MRS. KAMINI RAJBONGSHI
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	3-10-1983	Retirement Details	31-1-2025
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
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				
<b>Address Details</b>					
Permanant Address		VILL KENDU KUCHI P.O. KENDU KUCHI		City	NALBARI
		State/UT	ASSAM.	Pin Code	781341
Present Contact Address		NALBARI GOPAL BAZAR P.O. GOPAL BAZAR		City	NALBARI
		State/UT	ASSAM.	Pin Code	781353
		Phone (Off)	03624220572	Fax.	
		Phone(Res)		Mob No	9859200339
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC PASSED					
Year	Division	CGPA		Specialization 2	
19	3 <sup>RD</sup>				
Institution		University		Place	Country

**Experience**

Type of Posting		Level			
Designation		Present Position			
BLUE PRINTER		REGULAR			
Ministry		Department			
MINISTRY OF WATER RESOURCES (MOWR)		BRAHMAPUTRA BOARD			
Office		Place			
NALBARI DIVISION BR. BOARD NALBARI		NALBARI			
Experience Subject		Period of Posting			
Major		Minor		From	To
				16-1-1990	CONTINUING

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	Level
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 : \_\_\_\_\_ Place : \_\_\_\_\_  
Information checked and verified - by \_\_\_\_\_

*Gajen Rajbongshi*  
Signature of Officer

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