|                  |               |                   |                 |           |          | ER Sh         | eet D          | ata E        | ntry   | For         | m                |                  |                   |        |      |                                   |
|------------------|---------------|-------------------|-----------------|-----------|----------|---------------|----------------|--------------|--------|-------------|------------------|------------------|-------------------|--------|------|-----------------------------------|
| Basic            | c Data        | <u> </u>          |                 |           |          |               |                |              |        |             |                  |                  |                   |        |      | <del></del>                       |
| Office           | r ID N        | o. Detai          | ls              |           |          |               |                |              |        |             |                  |                  |                   |        |      |                                   |
| Servic           | ce CS         | S Ca              | dre             | Parket    |          |               | (              | Sub<br>Cadre | 2      |             |                  |                  | lo                | d No.  | will | be allerted by CS<br>Division,LNB |
| Year)            |               | ear (Allot        | t<br>           |           |          |               |                |              |        |             | , garange and a  |                  |                   |        | 1    |                                   |
| Name             | Detai         | ils               |                 |           |          |               |                |              |        |             |                  |                  |                   |        |      |                                   |
| Title Fir        |               |                   | First           | irst Name |          |               | Middle Name    |              |        |             | Su               | Sur Name         |                   |        |      |                                   |
| Mrs              |               | Indira            |                 |           |          |               |                |              |        | Ra          | jkumari          |                  |                   | Initia | als  | I.Rajkumar                        |
|                  | CSL<br>SCS    | No./<br>L No: (if | knov            | vn)       |          |               |                |              |        |             |                  |                  |                   |        |      |                                   |
| Sex              | 0             | Male • F          |                 | emale     | of Birth | 30.06         | 6.1972         | 972          |        | Date of     | Date of Retireme |                  | ent 30.06.2032    |        |      |                                   |
| !                | Community     |                   |                 | ОВС       |          |               | Rel            |              |        | igion Hindu |                  |                  |                   |        |      |                                   |
|                  | Fa            | ther's N          | ame             | Lt. Gol   | kul Sir  | nha           |                |              |        |             |                  |                  |                   |        |      |                                   |
| Birth [          | Details       | 3                 |                 |           |          |               |                |              |        |             |                  |                  |                   |        |      |                                   |
| Birth Place Salc |               |                   | chapra Birth St |           |          | tate/U        | ate/UT Assam   |              |        | Nationali   |                  | nality           | ity Indian        |        |      |                                   |
| Birth District   |               |                   | Kam             | rup (N    | 1)       | Mother Tongue |                |              |        |             | 1                | Manipuri         |                   |        |      |                                   |
|                  |               | nicile            | Ass             | am        |          |               | F              |              |        |             | ndicap S         |                  |                   |        |      |                                   |
|                  |               | od Grouj          | р               | O +v      | е        |               |                | ld           | entifi | catio       | on Mark          | s                | ut ma             | rk on  | the  | left arm                          |
| Marita           |               |                   |                 |           |          |               | . , .          |              |        |             |                  |                  |                   |        |      |                                   |
| Marital Status   |               |                   | Married         |           |          | Spouse Na     |                |              | Name   | Lt. Ma      |                  |                  | lanisena Rajkumar |        |      |                                   |
| i                |               | Nation            | ality           | India     | n        |               |                |              |        |             |                  |                  |                   |        |      |                                   |
| Joinin           | g Deta        |                   | ·               |           |          |               |                |              |        |             |                  |                  | -r                |        |      |                                   |
|                  | Sour-<br>Recr | ce of<br>uitment  |                 |           |          |               | oining<br>Date | 12.07        | '.2006 | ı           |                  | rement<br>etails | 30.00             | 3.2032 | )    |                                   |
| Depar            | rtment        | al Exar           | ninat           | ion Deta  | ils      | l             |                | Į.           |        |             | !                |                  | L                 |        |      |                                   |
|                  | ٠             |                   |                 | Leve      |          |               |                |              | Y      | 'ear        |                  |                  |                   | Ran    | k    |                                   |
|                  | 1             |                   |                 |           |          |               |                |              |        |             |                  |                  |                   |        |      |                                   |
|                  | 2             | :                 |                 |           |          |               | 1              |              |        |             |                  |                  |                   |        |      |                                   |
| h                | 3             |                   |                 |           |          |               | •              |              |        |             |                  | :                |                   |        |      |                                   |

| Remarks (if any)           |    |                       |            |          |          |               |  |  |
|----------------------------|----|-----------------------|------------|----------|----------|---------------|--|--|
| anguage Known              |    | -                     |            |          | .,       |               |  |  |
|                            |    |                       | <u>-</u> - | Read     | Write    | Speak         |  |  |
| Indian Languages           | 1  | Manipuri              |            | Fluent   | Fluent   | Fluent        |  |  |
| Known                      | 2  | Bengali               |            | Fluent   | Fluent   | Fluent        |  |  |
|                            | 3  | Hindi                 | _          | Fluent   | Fluent   | Fluent        |  |  |
|                            | 4  | <u> </u>              |            |          |          |               |  |  |
|                            | 5  |                       |            |          |          |               |  |  |
| Foreign Lang.              | 1  | English               |            | Limited  | Limited  | Limited       |  |  |
| Known                      | 2  |                       |            |          |          |               |  |  |
|                            | 3  |                       |            |          |          |               |  |  |
| Address Details            |    |                       | 1          | L        | 1        | <u></u>       |  |  |
| Permanant Addres           | SS | Salchapra , Guv       | vahati-24  |          | City     | Guwahati      |  |  |
|                            |    | State/UT              | Assam      |          | Pin Code | 781,024       |  |  |
| Present Contact<br>Address |    | Brahmaputra Bo        | oard, Basi | istha,   | City     | Guwahati      |  |  |
|                            |    | State/UT              | Assam      |          | Pin Code | 781,029       |  |  |
|                            |    | Phone (Off)           |            |          | Fax.     |               |  |  |
|                            |    | Phone(Res)            |            | <u> </u> | Mob No   | 8,471,812,868 |  |  |
|                            |    | E-Mail<br>(Mandatory) |            |          |          |               |  |  |

| C          | Qualification  |                  | Dis                | scipline                 |              | Specialization 1 |                             |                     |  |  |  |
|------------|--|------------------|--------------------|--------------------------|--------------|------------------|-----------------------------|---------------------|--|--|--|
| Class X    |  |                  |                    |                          |              |                  |                             |                     |  |  |  |
| Υ          | ear  | Divisio          | n                  | CGPA                     |              |                  | Specialization 2            |                     |  |  |  |
| 1,972      |  |                  |                    |                          |              |                  |                             |                     |  |  |  |
| Ir         | stitution  | Į.               | Jniversity         |                          |              | Place            | ce Coun                     |                     |  |  |  |
| Arnadacha  | aran.Gl.highscho   |                  |                    |                          | Guwahat      |                  | In                          | dia                 |  |  |  |
| Experien   | ce   |                  |                    |                          |              |                  |                             |                     |  |  |  |
|            | Type of  | Posting          |                    |                          |              | Le               | vel                         |                     |  |  |  |
|            |  |                  |                    |                          |              | ·                |                             |                     |  |  |  |
|            | Desigr   | nation           |                    |                          | 1/1111       | Present          | Positio                     | on                  |  |  |  |
|            | pec  |                  |                    |                          |              |                  |                             |                     |  |  |  |
|            | Mini   | stry             | 4.4.1              |                          |              | Depa             | rtment                      |                     |  |  |  |
| MOWR, R    | D & GR   |                  |                    | Brahma                   | outra Boar   |                  |                             |                     |  |  |  |
|            | Off  | ice              |                    | Place                    |              |                  |                             |                     |  |  |  |
| Brahmapu   | tra Board Sectt.   |                  |                    | Guwahati                 |              |                  |                             |                     |  |  |  |
|            | Experienc  | e Subject        |                    |                          |              |                  | od of Posting               |                     |  |  |  |
|            | Major  |                  | Mino               |                          |              | Fror             | n                           | То                  |  |  |  |
|            |  |                  |                    |                          |              |                  |                             |                     |  |  |  |
| Note:-Refe | r the Annexure to  | o fill above Maj | or, Minor Su       | ıbjects an               | d below gi   | van training s   | ubject                      |                     |  |  |  |
| Training   |  |                  | White Party 1      |                          |              |                  |                             |                     |  |  |  |
| Training   | Year   | Training         | Name               |                          |              | Tra              | aining S                    | Subject             |  |  |  |
|            |  |                  |                    |                          |              |                  |                             |                     |  |  |  |
|            | Level  | te Name, F       | Place              | Field V                  | isit Country | Field            | d Visit Place (within India |                     |  |  |  |
|            |  | _,               |                    |                          |              |                  |                             |                     |  |  |  |
| Spons      | oring Authority  |                  | Period of T        |                          |              | Duration         |                             | Result              |  |  |  |
|            |  | Fro              | m                  | То                       |              | ( in Weeks)      |                             | Qualified           |  |  |  |
|            |  |                  |                    |                          | - 6.0        |                  |                             | O Not Qualified     |  |  |  |
| Awards/i   | Publications   |                  |                    | 44.44                    |              |                  | r                           |                     |  |  |  |
|            | Type of A  | Activity:        |                    | Academic                 |              |                  |                             | Non Academic        |  |  |  |
|            | Activity Are   | a                |                    | Activit                  | y Subject    |                  | Activity Title              |                     |  |  |  |
| Day        | Month  | Year             | Acti               | vity Description/Remarks |              |                  | L.evel                      |                     |  |  |  |
|            |  |                  |                    |                          |              |                  |                             |                     |  |  |  |
| (ii)       | Concerned Concer |                  | e con <u>ce</u> rn |                          |              |                  | ition se                    | nt through ER Sheet |  |  |  |

Section Officer

formation.

:Ministry/Department

Room No

Building Name