

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details				
Service	CSS	Cadre	Sub Cadre	Id No. <small>will be allotted by CS Division, NE</small>
Select List Year (Allot Year)				

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	JANIK RAJBOONSHI			J. Rajbongshi

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-1-1963	Date of Retirement	31-12-2023
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Community	GENERAL	Religion	
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Father's Name	Ramelaram Rajbongshi
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Birth Details

Birth Place	RENDIKUCHI	Birth State/UT	Assam	Nationality	HINDU
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Birth District	NALBARI	Mother Tongue	Assamese.
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Domicile		Physically Handicap Status	
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Blood Group	O+(positive)	Identification Marks	
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Marital Details

Marital Status	MARRIED	Spouse Name	Gita Rajbongshi
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	BRAHMAKUTRA BOARD	Joining Date	20-5-1983	Retirement Details	31-12-2023
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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. & P.O. KENDIJEUAR P.S. MALBARJ		City	Nalbari
	State/UT		Pin Code	
Present Contact Address	Brahmaputra Board Nalbari sub-DIVISION HQS		City	Nalbari
	State/UT	Assam	Pin Code	
	Phone (Off)	03662220972	Fax.	
	Phone(Res)	-NIL-	Mob No	98577384408
	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	
				Country	

Experience			
Type of Posting		Level	
<i>Law - Khatolaki</i>		Present Position	
Designation		Department	
<i>Khatolaki</i>		Ministry	
<i>Ministry of Water Resources</i>		<i>Orakrapur Board</i>	
Office		Place	
<i>Nalbari Division</i>		<i>Nalbari</i>	
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 : _____ Place : _____
Information checked and verified - by _____

J. Rajbarghi
Signature of Officer

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