

## ER Sheet Data Entry Form

### Basic Data

#### Officer ID No. Details

Service	CSS	Cadre	Clerical	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. <input checked="" type="checkbox"/>	Kamal	Chandra	Bora		K.C.Bora
CSL No./SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	30.07.1956	Date of Retirement	30.07.2016
Community	OBC <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>		
Father's Name	Late Moniram Bora				

#### Birth Details

Birth Place	North Lakhimpur	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Lakhimpur	Mother Tongue	Assamese		
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	A +ve <input checked="" type="checkbox"/>	Identification Marks			

#### Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Late Ami Hazarika Bora
Spouse Nationality	Indian		

#### Joining Details

Source of Recruitment	LDC <input checked="" type="checkbox"/>	Joining Date	23.05.1983	Retirement Details	30.07.2016
-----------------------	---	--------------	------------	--------------------	------------

#### Departmental Examination Details

	Level	Year	Rank
1	<input checked="" type="checkbox"/>		
2	<input checked="" type="checkbox"/>		
3	<input checked="" type="checkbox"/>		

Remarks (if any)	
------------------	--

**Language Known**

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Address Details**

Permanant Address	Chandmari, Ward No. 14, P.O.-Khelmati		City	Lakhimpur
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031
Present Contact Address	Chandmari, Ward No. 14, P.O.-Khelamti		City	Lakhimpur
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031
	Phone (Off)	03752-232307	Fax.	
	Phone(Res)	9864953610	Mob No	9864953610
	E-Mail (Mandatory)			

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>					
Qualification		Discipline		Specialization 1	
HSLC		SEBA			
Year	Division		CGPA	Specialization 2	
1974	III				
Institution		University		Place	Country
S.T.K. High School		SEBA		Lakhimpur	India

<b>Experience</b>			
Type of Posting		Level	
OTHER <input type="checkbox"/>		Other <input type="checkbox"/>	
Designation		Present Position	
LDC <input checked="" type="checkbox"/>		Regular <input checked="" type="checkbox"/>	
Ministry		Department	
MOWR RD &GR		Brahmaputra Board	
Office		Place	
Lakhimpur Division		North Lakhimpur	
Experience Subject		Period of Posting	
Major	Minor	From	To

**Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject**

<b>Training</b>			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
<input checked="" type="checkbox"/>			
Sponsoring Authority	Period of Training	Duration	Result
	From	To	( in Weeks)
			<input type="radio"/> Qualified
			<input type="radio"/> Not Qualified

<b>Awards/Publications</b>			
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			<input type="checkbox"/>

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 \_\_\_\_\_

  
Signature of Officer

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