

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
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	KANAK		BARMAN	K. Sm

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	25-11-68	Date of Retirement	30-11-2028
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Community	GENERAL	Religion	HINDU
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Father's Name	LATE OTI RAM BARMAN
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Birth Details CHAMATA

Birth Place	CHAMATA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	B + ve	Physically Handicap Status			
Blood Group		Identification Marks	CUT FOR HEAD		

Marital Details

Marital Status	MARRIED	Spouse Name	MRS BINITA BARMAN
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	1-6-93	Retirement Details	30-11-2028
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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	FLOUENT	FLOUENT	FLOUENT
	2	HINDI	---	---	---
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	LIMITED	LIMITED	LIMITED
	2				
	3				

Address Details				
Permanant Address	VIII CHAMATA P.O. CHAMATA DIST NALBAR		City	NALBARI
	State/UT		Pin Code	
Present Contact Address	VIII CHAMATA P.O. CHAMATA DIST NALBARI		City	NALBARI
	State/UT		Pin Code	
	Phone (Off)		Fax	
	Phone(Res)		Mob No	9707453526
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
CLASS - X					
Year	Division	CGPA	Specialization 2		
Institution		University		Place	
Sarekat Bhakali H. School,				Ghazipur	
				Country	
				India	

Experience

Type of Posting		Level			
Designation		Present Position			
OFFICE PEON					
Ministry		Department			
MINISTRY OF WATER RESOURCES					
Office		Place			
NALBAR DIVISION BR. BOARD		NALBARI			
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	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 _____

Kanishk Barua
 Signature of Officer

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