

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
	SIR. MAJIN		BORUAH	Union Assam

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	29-7-1961	Date of Retirement	31-12-2021 31-12-2021
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Community	GENERAL	Religion	HINDU
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Father's Name	LATE-BAPUJI BORUAH
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Birth Details

Birth Place	CHANGMAI	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	SIBSAGAR	Mother Tongue	ASSAMESE
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Domicile		Physically Handicap Status	DNA
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Blood Group	O(+)	Identification Marks	EUT MARK ON LEFT HAND
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Marital Details

Marital Status	MARRIED	Spouse Name	MAMONI BARUAH
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	BRAHMA PUTRA Board.	Joining Date	4-11-1988	Retirement Details	31-12-2021
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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			City	
	State/UT	ASSAM	Pin Code	
Present Contact Address	VILL - CHANGMAI - P-O - BORHAT		City	BORHAT
	Dist - SILSAGAR - P.S. BARHAT			
	State/UT	ASSAM	Pin Code	785693
	Phone (Off)	03662220572	Fax.	NIL
	Phone(Res)		Mob No	9954987853
	E-Mail (Mandatory)			

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

Qualification	Discipline		Specialization 1
Year ^X	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level		
Designation	Present Position		
P.W.E KHALASI	REGULAR		
Ministry	Department		
MINISTRY OF WATER RESOURCES R.D. & G.R.	BRAHMAPUTRA BOARD		
Office	Place		
NALBARI DIVISION	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	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 : Nalbari
Information checked and verified - by _____

Majid Akbar
Signature of Officer

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