

Affidavit - In Pursuance of Secretary
Bor Borah

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service Class	Cadre	Sub Cadre	Id No.
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Spent Last Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name
SRI	NOGEN	BORGOHAIN	Initials

CSL No. /
SCSL No. (if known)

31-07-1959

[Handwritten Signature]

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	Date of Retirement	
Community	Assamese		Religion	Hinduism	31-7-1959

Father's Name: Late Mohan Borgohain

Birth Details

Birth Place	Gohain gaon	Birth State/UT	Assom	Nationality	Indian
Birth District	Jorhat	Mother Tongue	Assamese		
Domicile	Assom	Physically Handicap Status			
Blood Group	A+ve	Identification Marks	A cut mark on old finger in right hand		

Marital Details

Marital Status	Married	Spouse Name	Mrs Sabitree Sowick Borgohain
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Khalasi	Joining Date	1/4/1982	Retirement Details	1/6/2017
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Departmental Examination Details

Sl. No.	Level	Year	Rank
1	Training Programme	April / 2012	Pass
2			
3			

Other Languages

Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Assamese <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 Language Known	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanent Address	vill - Gofain gaon. P.O. Kaliapani, Dist - Jorhat		City	Jorhat
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	
Present Contact Address	vill - Gofain gaon. P.O. Kaliapani, Dist - Jorhat		City	
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	80115142 SC
	E-Mail (Mandatory)			

3/2

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

Qualification		Discipline		Specialization 1	
Class - 2					
Year		Division		Specialization 2	
Institution		University		Place	
Barnun Pichwai High School				Jorhat	
Country				India	
Experience			Type of Posting		
			Level		
Designation			Present Position		
Ministry			Department		
Office			Place		
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 _____ Signature of Officer: _____

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