

Information - Sh Budhaswar Gogoi  
 Dr. Barakal

1/2

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service CSS / Cadre	Sub Cadre	id No.	val be allocated by the Government
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	NANDE	SWAR	GOGOI	NRG

CSL No / SCSL No: (if known)	03-9-1958	30-9-2018
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Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	03-09-1958	Date of Retirement	30-09-2018
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Community	ASSAMESE	Religion	HINDUISM
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Father's Name: LATE BUDHASWAR GOGOI

Birth Details

Birth Place	SIVSAGAR	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	SIVSAGAR	Mother Tongue	A ASSAMESE
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Domicile	ASSAM	Physically Handicap Status	
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Blood Group	B + VE	Identification Marks	CUT MARK ON THE LEFT HAND
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Marital Details

Marital Status	MARRIED	Spouse Name	MRS. MANJU GOGOI
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	Direct	Joining Date	23-09-1983	Retirement Details	01-06-2018
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

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Language Known		Read	Write	Speak	
Indian Languages Known	1	ASSAMESE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	HINDI	<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 Lang. Known	1	ENGLISH	<input checked="" 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	MOTHADANG VILLAGE P.O. DHULIYA PAR	City	SIVSAGAR
	State/UT ASSAM <input checked="" type="checkbox"/>	Pin Code	785640
Present Contact Address	BRAHMAPUTRA BOARD'S COMPLEX, MIAO	City	MIAO (A.P)
	State/UT ARUNACHAL PRADESH <input checked="" type="checkbox"/>	Pin Code	792122
	Phone (Off)	Fax.	
	Phone (Res)	Mob No	9863554370
	E-Mail (Mandatory)		

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

Qualification <b>H.S.L.C. PASSED</b>	Discipline	Specialization 1
Year <b>1979</b>	Division <b>III RD</b>	Specialization 2

Institution <b>BOARD OF SECONDARY EDUCATION G.W.Y-ASSAM</b>	University	Place <b>SIYSAGAR</b>	Country <b>India</b>
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Experience			
Type of Posting	Level		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Designation	Present Position		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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)
<input checked="" type="checkbox"/>			
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
			<input checked="" type="checkbox"/>
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 \_\_\_\_\_  
Signature of Officer: **Nandabwar Regoi**

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