

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
	MURANJAN		KALITA	Kalita
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-1-1965	Date of Retirement
				31-12-2024
Community	GENERAL	Religion	HINDU	
Father's Name	LATE KALICHARAN KALITA			

Birth Details

Birth Place	BANG	Birth State/UT	Assam	Nationality	INDIAN
Birth District	BARPETA	Mother Tongue	ASSAMESE		
Domicile		Physically Handicap Status	DNA		
Blood Group		Identification Marks	CUT MARK ON LEFT KNEE		

Marital Details

Marital Status	MARRIED	Spouse Name	Mrs Parada Kalita
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Brahmaputra Board	Joining Date	26-9-1983	Retirement Details	31-12-2024
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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	ASSAMEES	Fluent	Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill. BANG		City	PATACHAK KUCHE
	P.O BARBANG AS. PATACHAKUCHE			
Present Contact Address	State/UT	ASSAM	Pin Code	781352
			City	
	State/UT		Pin Code	781352
	Phone (Off)	0366220572	Fax.	
	Phone(Res)	NIL	Mob No	9854338242
	E-Mail (Mandatory)			

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

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

Experience			
Type of Posting		Level	
Designation		Present Position	
KHALASHI		PHC, KHALASHI	
Ministry		Department	
MINISTRY OF WATER RESOURCES		BRAMAPUTRA 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

Nirajan Kalita
Signature of Officer

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