

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Office Peon	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	
Mr. <input checked="" type="checkbox"/>	Phanidhar		Bonia	P.Bonia	

CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.11.1961	Date of Retirement	31.10.2021
Community		SC <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>	
Father's Name		Late Puniram Bonia			

Birth Details

Birth Place	North Lakhimpur	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Lakhimpur	Mother Tongue		Assamese	
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status		<input checked="" type="checkbox"/>	
Blood Group	B +ve <input checked="" type="checkbox"/>	Identification Marks			

Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs.Anupama Bonia
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Office Peon <input checked="" type="checkbox"/>	Joining Date	01.11.1989	Retirement Details	31.10.2021
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Departmental Examination Details

	Level	Year	Rank
1	<input checked="" type="checkbox"/>		
2	<input checked="" type="checkbox"/>		
3	<input checked="" type="checkbox"/>		

Remarks (if any)							
Language Known							
		Read		Write		Speak	
Indian Languages Known	1	Assamese	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details							
Permanant Address		Gariyajan, Ward No.8, P.O.-Khelmati,			City	Lakhimpur	
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031		
Present Contact Address		Gariyajan, Ward No.8, Po.O.-Khelmati			City	Lakhimpur	
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031		
		Phone (Off)	03752-232307	Fax.			
		Phone(Res)		Mob No	9859283388		
		E-Mail (Mandatory)					

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

Qualification		Discipline		Specialization 1	
✓ 10 class					
Year	Division	CGPA		Specialization 2	
✓ 1978					
Institution		University		Place	Country
✓ Utkal Engineering Jenajeh High School				Lakhimpur	India

Experience

Type of Posting		Level	
OTHER <input checked="" type="checkbox"/>		Other <input checked="" type="checkbox"/>	
Designation		Present Position	
office peon <input checked="" type="checkbox"/>		Regular <input checked="" type="checkbox"/>	
Ministry		Department	
MOWR RD & GR		Brahmaputra Board	
Office		Place	
Lakhimpur Division		North Lakhimpur	
Experience Subject		Period of Posting	
Major		Minor	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	Activity Description/Remarks	Level
				<input checked="" type="checkbox"/>

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 : 28/10/2015 Place : North-Lakhimpur
Information checked and verified - by

Phanidhar Boria
Signature of Officer

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