

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division.LNB
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Select List Year (Allot  
Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
	PRABHA		KALITA	Prabha

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	1-6-1965	Date of Retirement	31-5-2025
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Community

GENERAL

Religion

Father's Name

## Birth Details

Birth Place	TARANJ	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	TARANJ	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group	B + ve	Identification Marks	CUT FOR BACK SITE		

## Marital Details

Marital Status	MARRIED	Spouse Name	
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	22-8-1995	Retirement Details	31-5-2025
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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	ENGLISH	LIMITED	LIMITED
	2			
	3			

**Address Details**

Permanant Address	VIII - TARANI P.O - TARANI DIST - KAMRUP (ASSAM)	City	RANGIA
	State/UT	Pin Code	781354
Present Contact Address	VIII - TARANI P.O - TARANI DIST KAMRUP	City	RANGIA
	State/UT	Pin Code	781354
	Phone (Off)	Fax.	
	Phone(Res)	Mob No	8011522215
	E-Mail (Mandatory)		

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

Qualification		Discipline		Specialization 1	
A.S.C					
Year 1983	Division III	CGPA		Specialization 2	
Institution		University		Place	Country

**Experience**

Type of Posting		Level			
Designation OFFICE PEON		Present Position			
		REGULAR			
Ministry		Department			
MINISTRY OF WATER RESOURCES					
Office		Place NALBARI			
BRAMANAPUTRA BOARD NALBARI DIVISION					
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	Level
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

*Smriti preabha Kalita*  
Signature of Officer

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