

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	ENGINEERING	Sub Cadre		Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot Year)	1989
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Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	RAJ	KUMAR	THAKUR	<i>R</i>

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	29.05.1965	Date of Retirement	31.05.2025
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Community	General <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>
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Father's Name	SHRI RAM BRIKSH THAKUR
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Birth Details

Birth Place	JORHAT	Birth State/UT	Assam <input type="checkbox"/>	Nationality	Indian
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Birth District	JORHAT	Mother Tongue	MAITHILY
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Domicile	Assam <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>
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Blood Group	B +ve <input type="checkbox"/>	Identification Marks	CUT MARK ON LEFT EYE
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Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	MRS VANDANA RAJ
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	SELECTION GRAD <input type="checkbox"/>	Joining Date	17.04.1989	Retirement Details	31.05.2025
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Departmental Examination Details

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

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	MAITHILILY	No <input type="checkbox"/>	No <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	HINDI	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>	Fluent <input type="checkbox"/>
	3	ASSAMESE	No <input type="checkbox"/>	No <input type="checkbox"/>	Limited <input type="checkbox"/>
	4	BENGALI	No <input type="checkbox"/>	No <input type="checkbox"/>	Limited <input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	ENGLISH	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <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

Permanant Address	C/O R.B.THAKUR, VILL. ANANDA NAGAR, SEONI ALI, JORHAT, ASSAM.		City	JORHAT
	State/UT	Assam <input type="checkbox"/>	Pin Code	785001
Present Contact Address	PLOT NO. 57, RANAJI ENCLAVE, M.S. BLOCK, NAJAFGARH		City	New Delhi
	State/UT	Delhi <input type="checkbox"/>	Pin Code	110043
	Phone (Off)	011-25088697	Fax.	011-25071476
	Phone(Res)		Mob No	8527408920
	E-Mail (Mandatory)	rkthakur297@gmail.com		

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

Qualification		Discipline		Specialization 1	
3 YEAR DIPLOMA		CIVIL			
Year	Division		CGPA	Specialization 2	
1987	FIRST CLASS				
Institution		University		Place	Country
HRH THE P.O.W.I.E.T.		DIRECT. OF TECH. EDUCAT.		JORHAT	INDIA

Experience

Type of Posting		Level			
OTHERS <input checked="" type="checkbox"/>		OTHERS <input checked="" type="checkbox"/>			
Designation		Present Position			
JUNIOR ENGINEER <input checked="" type="checkbox"/>		Regular <input checked="" type="checkbox"/>			
Ministry		Department			
Water Resources, RD & GR		Brahmaputra Board			
Office		Place			
Liaison Office		New Delhi			
Experience Subject		Period of Posting			
Major		Minor		From	To
				03.01.2014	Till Date

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 : 23/09/2015 Place : New Sub.

Information checked and verified - by

Signature of Officer

[Signature]
23/09/15

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