

ER Sheet Data Entry Form

Basic Data

Officer ID No Details			
Service	CSS Cadre	Sub Cadre	Id No <small>will be allotted by the Division, LNB</small>
Select List Year (Allot Year)			

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr	RAMESH		KALITA	
CSL No / SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	29.10.1957	Date of Retirement
	Community	General	Religion	Hindu
Father's Name		LATE KANAK KALITA		

Birth Details

Birth Place	Biswanathchariali	Birth State/UT	Assam	Nationality	INDIAN
Birth District	SONITPUR	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	one cut mark on forehead		

Marital Details

Marital Status	Married	Spouse Name	MRS BIJU SAIKIA
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Joining Date	10.12.1985	Retirement Details	31.10.2017
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known				
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			Read	Write	Speak
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang Known	1	English	Limited	Limited	Limited
	2				
	3				

Address Details				
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Permanant Address	Vill: East Amolopatty, B.B.Road P.O Itachali, Nagaon		City	NAGAON
	State/UT	Assam	Pir. Code	782,003
Present Contact Address	Vill: East Amolopatty, B.B.Road P.O.Itachali, Nagaon		City	NAGAON
	State/UT	Assam	Pir Code	782,003
	Phone (Off)	3,762,254,923	Fax.	
	Phone(Res)		Mob No	9,435,368,293
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
H.S.I.C					
Year	Division	CGPA	Specialization 2		
1,977	III				
Institution		University		Place	Country
Govt.High School		SEBA		Biswanath Chariali	INDAN

Experience

Type of Posting		Level			
		C			
Designation		Present Position			
SECTION ASSISTANT					
Ministry			Department		
of Water Resources and Ganga Rejuvenation			Brahmaputra Board		
Office			Place		
Nagaon Division, Brahmaputra Board			Nagaon		
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 : _____
Information checked and verified - by _____

Ramesh Kalita
Signature of Officer

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