

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
Mr.	RATAN		CHAKRABORTY	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	07/03/1956	Date of Retirement	Mar 31, 2016
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Community	General	Religion	Hindu
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Father's Name LATE BHUPENDRA KUMAR CHAKRABORTY

Birth Details

Birth Place	PANDU	Birth State/UT	Assam	Nationality	INDIAN
Birth District	KAMRUP	Mother Tongue	BENGALI		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	ONE CUT MARK ON THE M		

Marital Details

Marital Status	Married	Spouse Name	RITU CHAKRABORTY
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Steno Gr C / PA	Joining Date	AUG 2,1985	Retirement Details	31-03-2016
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Departmental Examination Details



	Level	Year	Rank
1	Steno/PA-SO	1,998	
2	Steno/PA-SO		
3			

marks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	HINDI	Fluent	Fluent	Fluent
	2	ENGLISH	Fluent	Fluent	Fluent
	3	ASSAMESE	Fluent	Fluent	Fluent
	4	BENGALI	Fluent	Fluent	Fluent
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	SHIVALAYA HOUSING SOCIETY, BLOCK NO-C, JOYMATI NAGAR, POST-PANDU,  ETHIOPY LANE		City	GUWAHATI
	State/UT	ASSAM	Pin Code	781,012
Present Contact Address	SHIVALAYA HOUSING SOCIETY, BLOCK NO-C, JOYMATI NAGAR, POST-PANDU,  ETHIOPY LANE		City	GUWAHATI
	State/UT	ASSAM	Pin Code	781,012
	Phone (Off)	2,301,320	Fax.	
	Phone(Res)		Mob No	9,435,013,615
	E-Mail (Mandatory)	ratanboard2016@gmail.com		

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

Qualification		Discipline		Specialization 1	
H.S		ARTS			
Year	Division	CGPA		Specialization 2	
1,974	III				
Institution		University		Place	Country
PANDU COLLEGE		GUWAHATI UNIVERSITY		GUWAHATI	INDIA

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
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 : 07-09-2013 Place : Guwahati
 Information checked and verified - by _____
 Signature of Officer

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