

## ER Sheet Data Entry Form

### Basic Data

#### Officer ID No. Details

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

1983

#### Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	ROMEN		GOSWAMI	<i>Romen</i>

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Jul 1, 1956	Date of Retirement	Jun 30, 2016
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Community

General

Religion

Hindu

Father's Name

LATE JADU NATH GOSWAMI

#### Birth Details

Birth Place	GOLAGHAT	Birth State/UT	Assam	Nationality	INDIAN
Birth District	GOLAGHAT	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	CUT MARK NEAR RIGHT E		

#### Marital Details

Marital Status	Married	Spouse Name	BORNALI GOSWAMI
Spouse Nationality	INDIAN		

#### Joining Details

Source of Recruitment		Joining Date	16.08.1983	Retirement Details	30.06.2016
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#### Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	ENGLISH	Fluent	Fluent	Limited
	2	HINDI	Fluent	Limited	Limited
	3	ASSAMESE	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		VILL- BONGAON		City	
		State/UT	Assam	Pin Code	785
Present Contact Address				City	.
		State/UT	Assam	Pin Code	
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	8,486,244,599
		E-Mail (Mandatory)	sarmajoykanta@gmail.com		

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

Qualification		Discipline		Specialization 1	
3 YEARS DIPLOMA		CIVIL ENGINEERING			
Year	Division		CGPA	Specialization 2	
1,982	2ND				
Institution		University		Place	Country
NAGAON POLYTECHNIC				NAGAON	INDIA

**Experience**

Type of Posting		Level			
OTHER					
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 : \_\_\_\_\_ Place : \_\_\_\_\_

Information checked and verified - by \_\_\_\_\_

Signature of Officer

*Signature*  
21/9/15

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