

# ER Sheet Data Entry Form

## Basic Data

### Officer ID No. Details

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

### Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	SACHINDRA		KALITA	<i>Sachin</i>
CSL No./ SCSL No. (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.01.1960	Date of Retirement
	Community	General	Religion	Hindu
	Father's Name			
	LATE JOY RAM KALITA			

### Birth Details

Birth Place	SINGIRA	Birth State/UT	Assam	Nationality	INDIAN
Birth District	KAMRUP	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	A mole on the left of lip		

### Marital Details

Marital Status	Married	Spouse Name	MRS. SUPRABHA KALITA
Spouse Nationality	INDIAN		

### Joining Details

Source of Recruitment	LDC	Joining Date	24.07.1984	Retirement Details	31.12.2019
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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	Fluent
	2	HINDI	Fluent	Limited	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Limited
	2				
	3				

**Address Details**

Permanant Address

KENDUGURI, NARENGI, GUWAHATI	City	GUWAHATI
State/UT   Assam	Pin Code	781 026

Present Contact Address

KENDUGURI, NARENGI, GUWAHATI	City	GUWAHATI
State/UT   Assam	Pin Code	781,026
Phone (Off)	Fax.	
Phone(Res)	Mob No	9,707.393.461
E-Mail (Mandatory)		

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

Qualification	Discipline	Specialization 1
BA	PASSED	
Year	Division	Specialization 2
1.981		
Institution	University	Place
GUWAHATI COLLEGE	GAUHATI UNIVERSITY	Country

**Experience**

Type of Posting	Level
Designation	Present Position
Ministry	Department
Office	Place
Experience Subject	Period of Posting
Major	Minor
	From
	To
	24.07.1984
	CONTINUE

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
	From	( in Weeks)
	To	Result
		<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 30/10/15 Place :  
Information checked and verified - by

*Sachindran Kalita*  
Signature of Officer

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