

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials	S.C.Das
Mr. <input checked="" type="checkbox"/>	Sarat	Chandra	Das		S.C.Das
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.03.1963	Date of Retirement	28.02.2023
Community		SC <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>	
Father's Name		Late Joyram Das			

Birth Details

Birth Place	N.Lakhimpur	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Lakhimpur	Mother Tongue		Assamese	
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status		<input type="checkbox"/>	
Blood Group	A +ve <input checked="" type="checkbox"/>	Identification Marks			

Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs.Kusum Hazarika Das
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	LDC <input checked="" type="checkbox"/>	Joining Date	28.12.1989	Retirement Details	28.02.2023
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Departmental Examination Details

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

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" 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	Bacha Gaon,P.O-Panigaon, District - Lakhimpur		City	Lakhimpur
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787052
Present Contact Address	Bormuria, Ward No11,P.O.Lakhimpur		City	Lakhimpur
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787001
	Phone (Off)	03752-232307	Fax.	
	Phone(Res)		Mob No	9401413817
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)						
Qualification		Discipline		Specialization 1		
HSLC		SEBA				
Year	Division		CGPA	Specialization 2		
1979	II					
Institution		University		Place	Country	
Panigaon School		SEBA		Lakhimpur	India	
Experience						
Type of Posting			Level			
OTHER <input checked="" type="checkbox"/>			Other <input checked="" type="checkbox"/>			
Designation			Present Position			
LDC <input checked="" type="checkbox"/>			Regular <input checked="" type="checkbox"/>			
Ministry			Department			
MOWR RD & GR			Brahmaputra Board			
Office			Place			
Lakhimpur Division			North Lakhimpur			
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)		
<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 :

Place :

Information checked and verified - by

Srijan Sarat Choudhary
Signature of Officer

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