

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	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
RAJBONGSHI	SARAT		Rajbongshi	Rajbongshi

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-01-1961	Date of Retirement	31-12-2020
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Community OBC Religion Hindu

Father's Name Late - Dhanitram Rajbongshi

Birth Details

Birth Place	Kothalbari	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue	Assamese		
Domicile	Physically Handicap Status				
Blood Group	B (+ve)	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mrs. Namita Rajbongshi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Appointment	Joining Date	15-09-1983	Retirement Details	2020 31-12-2020
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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
	2	Hindi	Limited	Limited
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanent Address	Vill + P.O. Kothalbati DIST - Nalbari Assam		City	Nalbari
	State/UT	ASSAM	Pin Code	
Present Contact Address	DO		City	Nalbari
	State/UT	ASSAM	Pin Code	
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	7896411077
	E-Mail (Mandatory)			

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

Qualification	Discipline		Specialization 1
<u>Class - VII</u>			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level		
<u>1</u>			
Designation	Present Position		
<u>PWC - Khalasi</u>	<u>PWC Khalasi</u>		
Ministry	Department		
<u>Ministry of water resources</u>	<u>Brahmaputra Board</u>		
Office	Place		
<u>Nalbari Division</u>	<u>Nalbari</u>		
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	
<u>2011</u>	<u>(D) Certificate nonmettication</u>	<u>Field work</u>	
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 : Nalbari

Information checked and verified - by _____

Sgt Sarat Paswan
Signature of Officer

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