

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
	SATYA	RAM	BARMAN	

CSL No./ SCSL No: (if known)						
Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	1-9-1960	Date of Retirement	31-8-2020
Community		GENERAL	Religion		HINDU	
Father's Name		Late Gajendra Barman.				

Birth Details

Birth Place	ARARA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue		ASSAMESE	
Domicile	ASSAM		Physically Handicap Status		
Blood Group	B + Positive		Identification Marks	CUT FOR FRONT HEAD	

Marital Details

Marital Status	MARRIED	Spouse Name	MRS. MANIKA BARMAN
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	17-12-1983	Retirement Details	31-8-2020
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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	FLOENT	FLUEHT
	2	HINDI	- do -	- do -
	3			
	4			
	5			
Foreign Lang. Known	1	ENGLISH	LIMITED	LIMITED
	2			
	3			

Address Details

Permanant Address	Village - ARARA (NALBARI) P.O - ARARA - do - Dist - Nalbari.		City	NALBARI
	State/UT	ASSAM	Pin Code	781334
Present Contact Address	VIII - ARARA P.O - ARARA		City	NALBARI
	State/UT	ASSAM	Pin Code	781334
	Phone (Off)	03624220572	Fax.	
	Phone(Res)		Mob No	9954881433
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
H.S.L.C					
Year 1983	Division <u>iii</u>	CGPA		Specialization 2	
Institution		University		Place	Country

Experience

Type of Posting		Level			
Designation		Present Position			
OFFICE PEON		REGULAR			
Ministry		Department			
MINISTRY OF WATER RESOURCES (MOWR)					
Office		Place			
NALBARI DIVISION, BR. BOARD.		NALBARI			
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 : Nalbari

Information checked and verified - by _____

Satyajit Rom Basema

Signature of Officer

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