

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

|         |     |       |          |           |        |                                     |
|---------|-----|-------|----------|-----------|--------|-------------------------------------|
| Service | CSS | Cadre | ACCOUNTS | Sub Cadre | Id No. | will be alerted by CS Division, LNB |
|---------|-----|-------|----------|-----------|--------|-------------------------------------|

Select List Year (Allot Year)

1995

## Name Details

| Title                           | First Name   | Middle Name   | Sur Name                       | Initials                       |
|---------------------------------|--|---------------|--------------------------------|--------------------------------|
| Mr. <input type="checkbox"/>    | SUREN  |               | DEKA                           | S. D. <input type="checkbox"/> |
| CSL No./<br>SCSL No: (if known) |  |               |                                |                                |
| Sex                             | <input checked="" type="radio"/> Male <input type="radio"/> Female | Date of Birth | 06.03.1972                     | Date of Retirement             |
|                                 |  |               |                                | 31.3.2032                      |
| Community                       | General <input type="checkbox"/>                                   | Religion      | Hindu <input type="checkbox"/> |                                |
| Father's Name                   | SHRI GIRISH DEKA   |               |                                |                                |

## Birth Details

|                |                                 |                            |                                |             |        |
|----------------|---------------------------------|----------------------------|--------------------------------|-------------|--------|
| Birth Place    | DIBRUGARH                       | Birth State/UT             | Assam <input type="checkbox"/> | Nationality | Indian |
| Birth District | DIBRUGARH                       | Mother Tongue              | ASSAMESE                       |             |        |
| Domicile       | Assam <input type="checkbox"/>  | Physically Handicap Status | <input type="checkbox"/>       |             |        |
| Blood Group    | AB +ve <input type="checkbox"/> | Identification Marks       | MOLE ON LEFT ARM               |             |        |

## Marital Details

|                    |                                  |             |                   |
|--------------------|----------------------------------|-------------|-------------------|
| Marital Status     | Married <input type="checkbox"/> | Spouse Name | MRS ARUNIUMA DEKA |
| Spouse Nationality | INDIAN                           |             |                   |

## Joining Details

|                       |   |              |            |                    |            |
|-----------------------|---|--------------|------------|--------------------|------------|
| Source of Recruitment | SELECTION GRAD <input type="checkbox"/> | Joining Date | 05.05.1995 | Retirement Details | 31.03.2032 |
|-----------------------|---|--------------|------------|--------------------|------------|

## Departmental Examination Details

|   | Level                           | Year | Rank   |
|---|---------------------------------|------|--------|
| 1 | Others <input type="checkbox"/> | 2002 | PASSED |
| 2 | <input type="checkbox"/>        |      |        |
| 3 | <input type="checkbox"/>        |      |        |

|                         |   |   |                       |              |              |              |         |
|-------------------------|---|---|-----------------------|--------------|--------------|--------------|---------|
| Remarks (if any)        |   |   |                       |              |              |              |         |
| Language Known          |   |   |                       |              |              |              |         |
|                         |   | <b>Read</b>   |                       | <b>Write</b> |              | <b>Speak</b> |         |
| Indian Languages Known  | 1 | ASSAMESE  | Fluent                | Fluent       | Fluent       | Fluent       | Fluent  |
|                         | 2 | HINDI   | Limited               | Limited      | Limited      | Limited      | Limited |
|                         | 3 | BENGALI   | Limited               | Limited      | Limited      | Limited      | Limited |
|                         | 4 |   | No                    | No           | No           | No           | No      |
|                         | 5 |   |                       |              |              |              |         |
| Foreign Lang. Known     | 1 | ENGLISH   | Fluent                | Fluent       | Limited      | Limited      | Limited |
|                         | 2 |   |                       |              |              |              |         |
|                         | 3 |   |                       |              |              |              |         |
| <b>Address Details</b>  |   |   |                       |              |              |              |         |
| Permanant Address       |   | VILL. & P.O. BURINAGAR, DIST. NALBARI, P.S. NALBARI |                       |              | City         | NALBARI      |         |
|                         |   | State/UT  | Assam                 | Pin Code     | 781341       |              |         |
| Present Contact Address |   | WZ- 7A, ADARSH GALI, PALAM VILLAGE                  |                       |              | City         | New Delhi    |         |
|                         |   | State/UT  | Delhi                 | Pin Code     | 110045       |              |         |
|                         |   | Phone (Off)   | 011-25088697          | Fax.         | 011-25071476 |              |         |
|                         |   | Phone(Res)  |                       | Mob No       | 9868203593   |              |         |
|                         |   | E-Mail (Mandatory)                                  | surendeka98@gmail.com |              |              |              |         |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) |          |            |      |                  |         |
|---|----------|------------|------|------------------|---------|
| Qualification   |          | Discipline |      | Specialization 1 |         |
| B.COM.  |          | COMMERCE   |      |                  |         |
| Year  | Division |            | CGPA | Specialization 2 |         |
| 1993  | THIRD    |            |      |                  |         |
| Institution   |          | University |      | Place            | Country |
| DHSK COMMERCE COLL.   |          | DIBRUGARH  |      | DIBRUGARH        | INDIA   |

| Experience  |       |   |           |
|---|-------|---|-----------|
| Type of Posting   |       | Level                                       |           |
| OTHER <u>Accountant</u> <input checked="" type="checkbox"/> |       | Other <input checked="" type="checkbox"/>   |           |
| Designation   |       | Present Position                            |           |
| <u>Jr. Accountant</u> <input checked="" type="checkbox"/>   |       | Regular <input checked="" type="checkbox"/> |           |
| Ministry  |       | Department                                  |           |
| Water Resources, RD & GR                                    |       | Brahmaputra Board                           |           |
| Office  |       | Place                                       |           |
| Liaison Office  |       | New Delhi                                   |           |
| Experience Subject  |       | Period of Posting                           |           |
| Major   | Minor | From  | To        |
|   |       | 16.04.2010                                  | TILL DATE |

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                           | Level                               |
|                              |       |                                |                                     |
| 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 : 22/09/2015 Place : N. Delhi

Information checked and verified - by

  
Signature of Officer

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