

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	<i>Peon</i>	Sub Cadre	Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	<i>Surin</i>		<i>Das</i>	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	<i>01.01.1959</i>	Date of Retirement	<i>31.12.2019</i>
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Community	<i>S.C.</i>	Religion	Hindu
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Father's Name *Shri Kambap Das*

## Birth Details

Birth Place	<i>Bachugaon</i>	Birth State/UT	Assam	Nationality	India
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Birth District	<i>Lakhimpur</i>	Mother Tongue	<i>Assamese</i>
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Domicile		Physically Handicap Status	
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Blood Group	<i>O+v.</i>	Identification Marks	
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## Marital Details

Marital Status	<i>married</i>	Spouse Name	<i>Mrs. Phul Das</i>
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Spouse Nationality	<i>Indian</i>
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## Joining Details

Source of Recruitment		Joining Date	<i>02.11.1989</i>	Retirement Details	<i>31.11.2019</i>
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	<i>Assamese</i>	Fluent	Fluent	Fluent
	2	<i>Hindi</i>	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	<i>English</i>	Fluent	Fluent	Fluent
	2				
	3				
<b>Address Details</b>					
Permanant Address		<i>Vill. Bachngan. P.O. Panigraon Lakhimpur</i>		City	
		State/UT	Assam	Pin Code	
Present Contact Address		<i>— do —</i>		City	
		State/UT	Assam	Pin Code	
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	<i>9707149126</i>
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
VIII					
Year	Division	CGPA	Specialization 2		
Institution	University	Place	Country		
		Panigaur			

**Experience**

Type of Posting		Level			
Older		Older			
Designation		Present Position			
Peon		Regular			
Ministry		Department			
MOWR GR & RD		Brahmaputra Board			
Office		Place			
Lakhimpur		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)		
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 : \_\_\_\_\_

Information checked and verified - by \_\_\_\_\_

  
 Signature of Officer

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