

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Clarical	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. <input type="checkbox"/>	Suresh		Das	S Das	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	02.09.1965	Date of Retirement	30.09.2025
Community		ST <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>	
Father's Name		Late Malaram Das			

Birth Details

Birth Place	N.Lakhimpur	Birth State/UT	Assam <input type="checkbox"/>	Nationality	Indian
Birth District	Lakhimpur	Mother Tongue	Assamese		
Domicile	Assam <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	B +ve <input type="checkbox"/>	Identification Marks	cut mark on the left for head		

Marital Details

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

Joining Details

Source of Recruitment	LDC <input type="checkbox"/>	Joining Date	23.06.1990	Retirement Details	30.09.2025
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Departmental Examination Details

	Level	Year	Rank
1	<input 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	Hindhi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Address Details					
Permanant Address	Nakari, Ward No.1, P.O.-North Lakhimpur		City	Lakhimpur	
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787001	
Present Contact Address	Nakari, Ward No.1, P.O.-North Lakhimpur		City	Lakhimpur	
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787001	
	Phone (Off)	03752-232307	Fax.		
	Phone(Res)	94355-65101	Mob No	94355-65101	
	E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1
PDC		Commerce		Specialization 2
Year	Division	CGPA		
1987	II			
Institution		University	Place	Country
Lakhimpur Commerce		Dibrugarh	Assam	India

Experience

Type of Posting		Level	
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	To
		From	

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
	From	To	(in Weeks)
			Result
			<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			
			<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 : *N. Lakhimpur*
Information checked and verified - by _____

[Signature]
Signature of Officer

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