

## ER Sheet Data Entry Form

### Basic Data

Officer ID No. Details

Service	CSS	Cadre	Sub Cadre	Id No.	will be allotted by Division, CNB
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Select List Year (Allot Year)

### Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Surjya	Kumar	Tamuli	
CSL No./ SCSL No: (if known)				
Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female	Date of Birth	07.04.1963	Date of Retirement
				30.04.2023
Community	General	Religion	Hindu	
Father's Name	Lt. KanthRam Tamuli			

### Birth Details

Birth Place	Jorhat	Birth State/UT	Assam	Nationality	Indian
Birth District	Jorhat	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	One cut mark right leg		

### Marital Details

Marital Status	Married	Spouse Name	Mrs Korobi Tamuli
Spouse Nationality	Indian, Hindu		

### Joining Details

Source of Recruitment	Joining Date	31.12.1983	Retirement Details
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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	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3	English	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

**Address Details**

Permanant Address	Jorhat, No-1, Lakhimi khat gaon, P.O-Kolioni	City	Jorhat
	State/UT Assam	Pin Code	785 108
Present Contact Address	Dimapur Sub. Division, Brahmaputra Board, Dimapur	City	Dimapur
	State/UT	Pin Code	
	Phone (Off)	Fax	
	Phone (Res)	Mob No	9 436 489 061
	E-Mail (Mandatory)		

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

Qualification		Discipline		Specialization 1	
H.S.L.C					
Year	Division	CGPA		Specialization 2	
1979	3rd Division				
Institution		University		Place	Country
C.K.B.Commerch College.		Dibrugarh		Jorhat	India

**Experience**

Type of Posting		Level			
Designation		Present Position			
Ministry			Department		
Water Resources River Development			and Ganga Rejuvenat on		
Office			Place		
Nagaon Division.Brahmaputra Board, Nagaon			Nagaon		
Experience Subject			Period of Posting		
Major		Minor	From	To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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.	