

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division,LNB
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Select List Year (Allot
Year) 1989

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	TUSHAR	DUTTA	PURKAYASTHA	

CSL No./
SCSL No: (if known)

Sex Male Female Date of Birth 19.07.1964 Date of Retirement 31.07.2024

Community

General

Religion

Hindu

Father's Name

Late Trilokesh Dutta purkayastha

Birth Details

Birth Place	Guwahati	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	cut mark on hand		

Marital Details

Marital Status	Married	Spouse Name	Radharani Dutta Purkayastha
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	03.04.1989	Retirement Details	31.07.2024
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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	Bengali	Fluent	Fluent	Fluent
	2	Assamese	Fluent	Fluent	Fluent
	3	Hindi	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Limited
	2				
	3				
Address Details					
Permanant Address		Kalachera, Karimganj		City	Karimganj
		State/UT	Assam	Pin Code	788,010
Present Contact Address		Barak Valley Division, Br.Board, Silchar		City	Silchar
		State/UT	Assam	Pin Code	788,001
		Phone (Off)	3,842,230,454	Fax.	
		Phone(Res)		Mob No	
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	
				Country	

Experience

Type of Posting		Level			
Designation		Present Position			
MINISTRY		Department			
Ministry of water Resources		Brahmaputra Board			
Office		Place			
Barak Valley Division, Br.Board, Silchar					
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	
		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 : 05-10-2015 Place : SILCHAR

Information checked and verified - by

[Signature]
Signature of Officer

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