

## ER Sheet Data Entry Form

### Basic Data

#### Officer ID No. Details

Service	CSS	Cadre	SA	Sub Cadre	Id No.	will be alerted 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 checked="" type="checkbox"/>	Umesh	Chandra	Rajkhowa	U.C.Rajkh	wa

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.03.1959	Date of Retirement	28.02.2019
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Community	OBC <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>
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Father's Name	Late Mukheswar Rajkhowa
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#### Birth Details

Birth Place	Sivsagar	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
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Birth District	Sivsagar	Mother Tongue	Assamese
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Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status	<input checked="" type="checkbox"/>
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Blood Group	A +ve <input checked="" type="checkbox"/>	Identification Marks	cut of mark left hand
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#### Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs.Manju Moni Rajkhowa
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Spouse Nationality	Indian
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#### Joining Details

Source of Recruitment	Section 2 Assst. <input checked="" type="checkbox"/>	Joining Date	05.01.1984	Retirement Details	28.02.2019
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#### Departmental Examination Details

	Level	Year	Rank
1	<input checked="" type="checkbox"/>		
2	<input checked="" type="checkbox"/>		
3	<input checked="" type="checkbox"/>		

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address Details</b>					
Permanant Address		Khatual, P.O.-Chulakara No.1,District - Sivsagar,		City	Sivsagar
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	785640
Present Contact Address		Lakhimpur Division, Brahmaputra Board, North Lakhimpur-787031		City	Lakhimpur
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	785640
		Phone (Off)	03752-232307	Fax.	
		Phone(Res)	9854184964	Mob No	9854184964
		E-Mail (Mandatory)	uzajkhowe15@gmail.com		

Qualification (Use extra photocopy sheets for qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
HSLC	SEBA		
Year	Division	CGPA	Specialization 2
1977	III		
Institution	University	Place	Country
Sivsagar H.S.School	SEBA	Sivsagar	India

Experience			
Type of Posting		Level	
OTHER <input checked="" type="checkbox"/>		Other <input checked="" type="checkbox"/>	
Designation		Present Position	
Section Assistant <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	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)
<input checked="" type="checkbox"/>			
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	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 : \_\_\_\_\_  
Information checked and verified - by \_\_\_\_\_ Signature of Officer \_\_\_\_\_

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