

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details				Id No.		will be alerted by CS Division, LNB	
Service	CSS	Cadre	Head Assistant	Sub Cadre			
Select List Year (Allot Year)							

Name Details

Title	First Name	Middle Name	Sur Name	Initials	U. Deka	
Mr. <input checked="" type="checkbox"/> Open			Deka			
CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	16.12.1956	Date of Retirement	31.12.2016	
Community		General <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>		
Father's Name		Late Jhilka Deka				

Birth Details

Birth Place	Darrang	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Darrang	Mother Tongue		Assamese	
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status <input checked="" type="checkbox"/>			
Blood Group	B +ve <input checked="" type="checkbox"/>	Identification Marks			

Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs. Nirada Deka
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	<input checked="" type="checkbox"/>	Joining Date	16.05.1983	Retirement Details	31.12.2016
-----------------------	-------------------------------------	--------------	------------	--------------------	------------

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					
		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 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"/>
Address Details					
Permanant Address		Tangabari, P.O.-Chapai,Ward No.7 Mangaldoi, Assam		City	Mangaldoi
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	784125
Present Contact Address		Lakhimpur Division,Brahmaputra Board,North Lakhimpur-787031		City	Lakhimpur
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	784125
		Phone (Off)	03752-232307	Fax.	
		Phone(Res)	9859245596	Mob No	9859245596
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
B.Com		Commerce			
Year	Division		CGPA	Specialization 2	
1979					
Institution		University		Place	Country
Guwahati Commerce		Guwahati		Guwahati	India
Experience					
Type of Posting			Level		
OTHER <input checked="" type="checkbox"/>			Other <input checked="" type="checkbox"/>		
Designation			Present Position		
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	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
					<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

Sri Uman
Signature of Officer

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