

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		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.	AKON	CHANDRA	BORA	

 CSL No./
 SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	16.07.1958	Date of Retirement	31.07.2018
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Community	General	Religion	Hindu
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Father's Name	LATE MOHORAM BORA
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Birth Details

Birth Place	BORALENGI SAJ	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	LAKHIMPUR	Mother Tongue	ASSAMESE
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Domicile		Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	A CUT MARK ON RIGHT
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Marital Details

Marital Status	Married	Spouse Name	MRS RUPOMAI BORA
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment		Joining Date	01.04.1982	Retirement Details	31.07.2018
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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				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	BOWALGURI KRISHNA NAGAR P.O. KHELMATI		City	LAKHIMPUR
	State/UT	Assam	Pin Code	787,031
Present Contact Address	OFFICE OF THE EXECUTIVE ENGINEER, NAGAON DIVISION, NAGAON		City	NAGAON
	State/UT	Assam	Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)		Mob No	9,435,710,861
	E-Mail (Mandatory)	bbrdenagaon1959@yahoo.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
CLASS-VI				
Year	Division		CGPA	Specialization 2
1,972				
Institution		University	Place	Country
P.D. NIGHT HIGH SCHOOL			LAKHIMPUR	

Experience

Type of Posting		Level		
Designation		Present Position		
Ministry		Department		
WATER RESOURCE		BRAHMAPUTRA BOARD		
Office		Place		
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 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	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
sn: Akon J. Bara

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