

## 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)

#### Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	AMBIKA		SARMAH	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	21.02.1963	Date of Retirement	28.02.2023
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Community

General

Religion

Hindu

Father's Name

LATE NARAPATI SARMAH

#### Birth Details

Birth Place	GOLIA ARABARI	Birth State/UT	Assam	Nationality	INDIAN
Birth District	SONITPUR	Mother Tongue	NEPALI		
Domicile		Physically Handicap Status			
Blood Group	B +ve	Identification Marks			

#### Marital Details

Marital Status	Married	Spouse Name	MRS JAYA SARMAH
Spouse Nationality	INDIAN		

#### Joining Details

Source of Recruitment		Joining Date	18.10.1983	Retirement Details	28.02.2023
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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	NEPALI	Fluent	Fluent	Fluent
	3	HINDI	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	GOLIA ARABARI P.O. BISWANATH CHARIALI		City	SONITPUR
	State/UT	Assam	Pin Code	784,176
Present Contact Address	BRAHMAPUTRA BOARD, NAGAON		City	NAGAON
	State/UT	Assam	Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)	9,435,852,774	Mob No	9,435,852,774
	E-Mail (Mandatory)	bbrdnagaon1959@yahoo.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
CLASS-X			
Year	Division	CGPA	Specialization 2
1,981			
Institution	University	Place	Country
H.S. & MULTIPURPOSE SC		DARRANG	

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
OF WATER RESOURCES		BRAHMAPUTRA BOARD	
Office		Place	
NAGAON DIVISION, BRAHMAPUTRA BOARD, NAG		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
	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			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 \_\_\_\_\_

*Ambika Sarma*  
Signature of Officer

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