

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre Engineering	Organized BRAHMAPUTRA BOARD	Sub Cadre	Id No.	will be alerted by CSDivision,LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sure Name
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SAIKIA AMULYA

AMULYA

Initials

AM

CSI No /

SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-8-1959	Date of Retirement	31-8-2019
Community						

Father's Name

LATE DIMBESAR SAIKIA

Birth Details

Birth Place	CHANDGI POTHER	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	DIBRUGARH	Mother Tongue	ASSAMESS		
Domicile	ASSAM	Physically Handicap Status	No		
Blood Group	O GRUPE	Identification Marks	ONE CUT MARK OF THE RIGHT SID STOMACH		

Marital Details

Marital Status

MARRIED

Spouse Name

KOSALYA SAIKIA

Spouse Nationality

INDIAN

Joining Details

Source of Recruitment	Direct Recruitment on selection	Joining Date	10-11-1983	Retirement Details	31-8-2019
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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	HINDI	✓	✓
	2	ASSAMESS		
	3	ENGLISH		
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanent Address	CHANDOPOTER GOAN P.O. LAHOWAL	City	DIBRUGARH
	State/UT	Pin Code	786001
Present Contact Address	DIBRUGARH SUB-DIVISION BR. BARD. DIBRUGARH	City	
	State/UT	Pin Code	786001
	Phone (Off)	Fax.	
	Phone (Res)	Mob No	8811993526
	E-Mail (Mandatory)		

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

Qualification CLASS - X	Discipline	Specialization 1
Year 1976	Division First Class	Specialization 2
Institution CHOULKHOWA H.E. SCHOOL	University	Place LAHOWL
Experience		Country INDIAN
OTHER	Type of Posting	Level
	Designation O. P.	Present Position O. P.
	Ministry MINISTRY OF WATER RESOURCES	Department BRAHMAPUTRA BOARD
	Office DIBRUGARH SUB-DIVISION	Place DIBRUGARH
	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 From To	Duration (in Weeks)	Result <input checked="" 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: **6-11-2015** Place: Roing (Arunachal Pradesh)
Information checked and verified - by **DIBRUGARH SUB DIVISION** Signature of Officer **AMULYA SAIKIA**

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