

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Administrative	Sub Cadre	Clerkical	Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

1990

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr. <input type="checkbox"/>	ANUKUL		BARMAN	<i>Barman</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30/10/1967	Date of Retirement	
Community		ST <input type="checkbox"/>	Religion		Hindu <input type="checkbox"/>	

Father's Name

Late Amaran Barman

Birth Details

Birth Place	Joypur	Birth State/UT	Assam <input type="checkbox"/>	Nationality	Indian
Birth District	Cachar	Mother Tongue		Dimacha	
Domicile	Assam <input type="checkbox"/>	Physically Handicap Status		<input type="checkbox"/>	
Blood Group	B +ve <input type="checkbox"/>	Identification Marks		Cut mark on forehead	

Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	Late Subrota Barman
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	<input type="checkbox"/>	Joining Date	18/06/1990	Retirement Details	
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Departmental Examination Details

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

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Dimacha	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	Hindi	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>
	3	English	Fluent <input type="checkbox"/>	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>
	4	Bengali	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	<input 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		Vill & P.O.- Joypur Pt-III		City	Joypur
		State/UT	Assam <input type="checkbox"/>	Pin Code	788107
Present Contact Address		O/o The Asstt. Executive Engineer, Brahmaputra Board		City	Kailashahar
		State/UT	Tripura <input type="checkbox"/>	Pin Code	799277
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	09436798156
		E-Mail (Mandatory)	anukulbarman@gmail.com		

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

Qualification		Discipline		Specialization 1	
H.S.L.C.					
Year	Division	CGPA		Specialization 2	
1987	III				
Institution		University		Place	Country
Shivpur High School		S.E.B.A.		Shivpur	India

Experience

Type of Posting		Level			
CADRE <input type="checkbox"/>		LDC <input type="checkbox"/>			
Designation		Present Position			
LDC <input type="checkbox"/>		Regular <input type="checkbox"/>			
Ministry		Department			
Ministry of Water Resources		Brahmaputra Board			
Office		Place			
Kailashahar Sub-Division		Kailashahar, Dist. - Unakoti, Tripura			
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 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 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 : 19/10/2015 Place : Kailashahar.

Arunkul Barmann
Signature of Officer

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