

## 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.	ANUP	KUMAR	GARO	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31.08.1960	Date of Retirement	31.08.2020
Community	General		Religion	Hindu		

Father's Name  
LATE SUKHRAM GARO

## Birth Details

Birth Place	DIBRUGARH	Birth State/UT	Assam	Nationality	Indian
Birth District	DIBRUGARH	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	one cut mark ankle		

## Marital Details

Marital Status	Married	Spouse Name	MRS LILY GARO
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	18.11.1985	Retirement Details	
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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	Hindi	Limited	Limited	Limited
	3		No	No	No
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				

**Address Details**

Permanant Address	Vill: Dibrugarh, Mohanibari, Moidumia Gaon	City	Dibrugarh	
	State/UT	Assam	Pin Code	786,012
Present Contact Address	Nagaon Sub- Division, Brahmaputra Board, Nagaon	City	Nagaon	
	State/UT	Assam	Pin Code	782,003
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,864,164,983
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Read up to Class-VIII			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country
Lahowal middle english sch			India

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Water Resources & Ganga Rejuvenation		Brahmaputra Board	
Office		Place	
Nagaon sub- Division, Brahmaputra Board		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

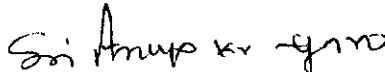
Training			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
Sponsoring Authority	Period of Training		Duration
	From	To	( in Weeks)
			<input type="radio"/> Qualified <input type="radio"/> Not Qualified

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			

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

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