

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		
	SRI ANUP		PATGIRI			
CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	23-12-1973	Date of Retirement	31-12-2033
Community	GENERAL		Religion	HINDU		
Father's Name	LATE SANJAY PATGIRI					

Birth Details

Birth Place	BAMAKHATA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	BARPETA	Mother Tongue	ASSAMESE		
Domicile		Physically Handicap Status	DNA		
Blood Group		Identification Marks	CUT MARK ON RIGHT HAND		

Marital Details

Marital Status	MARRIED	Spouse Name	KARABI PATGIRI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMA PUTRA BOARD	Joining Date	05-03-2008	Retirement Details	31-12-2033
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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	Y Fluent	Y Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address		City	
	State/UT	ASSAM	Pin Code
Present Contact Address	Vill. + P.O. - Bamakhata Dist. - Barpeta, P.S. - Patachar Kuchi		City
	State/UT	ASSAM	Pin Code
	Phone (Off)	03662220572	Fax.
	Phone(Res)		Mob No
	E-Mail (Mandatory)		

Paik sala

781325

- NIL -

9954673202

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Year <u>IX</u>	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation		Present Position	
TEMPORARY STATUS		REGULAR Temporary,	
Ministry		Department -	
MINISTRY OF WATER RESOURCES RD & GR		BRAHMAPUTRA BOARD	
Office		Place	
NALBARI DIVISION		NALBARI	
Experience Subject		Period of Posting	
Major	Minor	From	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

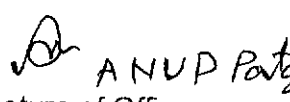
Training			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
Sponsoring Authority	Period of Training		Duration
	From	To	(in Weeks)
			<input type="radio"/> Qualified
			<input type="radio"/> Not Qualified

Awards/Publications			
Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	Level

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 : Nalbari

Information checked and verified - by _____


Signature of Officer

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