

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.	Arabinda	Kumar	Sahani	SARAS D. SHEE

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	22.03.1966	Date of Retirement	31.03.2026
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Community

OBC

Religion

Hindu

Father's Name

Late Ramchandra Sahani

Birth Details

Birth Place	Maharaniaasthan	Birth State/UT	Bihar	Nationality	Indian
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Birth District

Bihar

Mother Tongue

Hindi

Domicile

Bihar

Physically Handicap Status

Blood Group

A+ve

Identification Marks

A cut mark of back side left

Marital Details

Marital Status	Married	Spouse Name	Mrs. Usha Sahani
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	01.01.1984	Retirement Details	31.03.2026
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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	Limited	Limited	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3	Bengali	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	English	No	No	No
	2				
	3				

Address Details

Permanant Address	Vill & P.O. Rosra, Ward No-12 <i>Dist Samastipur</i>		City	<i>Samastipur</i>
	State/UT	Bihar	Pin Code	848,210
Present Contact Address	Brahmaputra Board colony		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,864,613,667
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Class VIII			
Year	Division	CGPA	Specialization 2
1,978			
Institution	University	Place	Country
Rosra M.E. School		Rosra	India

Experience			
Type of Posting		Level	
Designation		Present Position	
KOOK		Regular	
Ministry		Department	
MoWR RD & GR, GOI		Brahmaputra Board	
Office		Place	
Guwahati Division		Basisistha	
Experience Subject		Period of Posting	
Major	Minor	From	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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 : _____
Information checked and verified - by _____


Signature of Officer

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