

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)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	BABUL		NANDI	BK
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	Date of Retirement	
Community	INDIAN	Religion	HINDU	
Father's Name	LT. SUNIL NANDI			

Birth Details

Birth Place	DHEMAJI	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	DHEMAJI	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group	A-B	Identification Marks	one mob (L) arm		

Marital Details

Marital Status	MARRID	Spouse Name	DIPALI NANDI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	12-07-1983	Retirement Details	31-12-2022
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

emarks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	BANGLA	✓	✓
	2	ASSAMESE	✓	✓
	3	HINDI	✓	✓
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	vill CHOUDHURI PARA, PO. BAMUNI GAON,	City	KAMRUP	
	State/UT	ASSAM	Pin Code	781141
Present Contact Address	O.O. The P.E. N&D. B.G. Rudreswar, GHY-30	City		
	State/UT	ASSAM	Pin Code	781020
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9876456238
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year VII 1997		Division		CGPA	
Institution DHARMAJI H.S.S.		University		Place DHARMAJI	
				Country INDIA	

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Office		Place	
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	Result
	From	To	<input type="radio"/> Qualified
		(in Weeks)	<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.	