

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre Engineering	Organized	Sub Cadre		Id No.	will be alerted by CSDivision, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sure Name
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Chetry	BOGA	BAHADU	CHETRY	Initials	<i>Chetry</i>
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CSL No./

SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	1-7-1957	Date of Retirement	30-6-2017
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Community

Nepali (Hindu)

Father's Name

Late Kesh Bahadur Chetry

Birth Details

Birth Place	JONAI	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District

Dhemaji

Mother Tongue

Nepali

Domicile

Assam

Physically Handicap Status

No.

Blood Group

O+

Identification Marks

Marital Details

Marital Status

Married

Spouse Name

Opi Chetry

Spouse Nationality

Indian

Joining Details

Source of Recruitment

Direct Recruitment on selection

Joining Date

01/4/1982

Retirement Details

30.6.2017

Departmental Examination Details

Level

Year

Rank

1

2

3

Remarks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi	Fluently	Fluently
	2	Assamese	-do-	-do-
	3	Bengali	-do-	-do-
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanent Address

City

State/UT

Pin Code

Present Contact Address

Vill: Udaipur gaon
P.O.: Jonai, Dist. Dhemaji
state: Assam

City

State/UT

Assam

Pin Code

Phone (Off)

Fax.

Phone (Res)

Mob No

8414824413

E-Mail
(Mandatory)

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Class - IV			
Year	Division	CGPA	Specialization 2
	First Class		
Institution	University	Place	Country
L. P. School, Pasighat		Pasighat	India
Type of Posting		Level	
OTHER			
Designation		Present Position	
Office Peon		Office Peon	
Ministry		Department	
Ministry of Water Resources		Brahmaputra Board	
Office		Place	
Brahmaputra Board		Roing (Arunachal Pradesh)	
Experience Subject		Period of Posting	
Major	Minor	From	To
		01-4-1982	Till date

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		Result
	From	To	
			<input checked="" 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			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: Roing (Arunachal Pradesh)
Information checked and verified – by _____ Signature of Officer _____

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