

## 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
	BANAMALI		DAS	<i>BD</i>

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-10-1956	Date of Retirement	30-9-2016
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Community

GEANAREK

Religion

HINDU

Father's Name

LATE GHETURAM DAS

## Birth Details

Birth Place	Montepuri	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	BARPETA	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status	DNA		
Blood Group	O(+)	Identification Marks	CUT MARKER. HAND		

## Marital Details

Marital Status	MARRIED	Spouse Name	NIRMALA DAS
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	07-09-1983	Retirement Details	30-9-2016
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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	ASSAMEES	y	y
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

**Address Details**

Permanant Address	VILL & P.O. MOUTUPURI		City	BARAETA
	P.S. HOCULY			
	State/UT	ASSAM	Pin Code	781316
Present Contact Address	BRAHMAPUTRA BORD		City	NALBARI
	Nalbari DIVISION			
	State/UT	ASSAM	Pin Code	
	Phone (Off)	0362220572	Fax.	NIL
	Phone(Res)	462225555	Mob No	9878467499
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	
				Country	

**Experience**

Type of Posting		Level			
Designation		Present Position			
L. D. C.		REGULAR			
Ministry		Department			
MINISTRY OF WATER RESOURCES		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	Result	
	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	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 : Nalbari

Information checked and verified - by \_\_\_\_\_

  
(Baranali Das)  
Signature of Officer

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