

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.	Bapukan		Das	B DS

CSL No / SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.03.1961	Date of Retirement	28.02.2021
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Community	SC	Religion	Hindu
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Father's Name	Late Rabiram Das
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Birth Details

Birth Place	Guwahati	Birth State/UT	Assam	Nationality	Indian
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Birth District	Kamrup (M)	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status
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Blood Group	O +ve	Identification Marks	A cut mark in left leg
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Anima Das
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	23.10.1989	Retirement Details	28.02.2021
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	No
	2				
	3				

Address Details

Permanant Address	Uzanbazar,		City	Guwahati
	State/UT	Assam	Pin Code	781,001
Present Contact Address	Same as above		City	Guwahati
	State/UT	Assam	Pin Code	781,001
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,508,589,255
	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	
1,986					
Institution		University		Place	Country
Uzan Bazar High School				Guwahati	India

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
MoWR RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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 : _____
Information checked and verified - by _____

Bapukan Das
Signature of Officer

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