

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
						657	

Select List Year (Allot
Year)

1989

Name Details

Title	First Name	Middle Name	Sur Name	Initials
MR.	BASAB		CHAKRABORTY	ab-

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	24-11-1960	Date of Retirement	30-11-2020
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Community: General Religion: Hindu

Father's Name: Late Binoy Bhushan Chakraborty

Birth Details

Birth Place	Silchar	Birth State/UT	Assam	Nationality	Indian
Birth District	Cachar	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	mole on face		

Marital Details

Marital Status	Married	Spouse Name	Lopamudra Chakraborty
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	03-10-1989	Retirement Details	30-11-2020
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

ks (if any)

Language Known

			Read	Write	Speak
Indian Languages Known	1	Bengali	Fluent	Fluent	Fluent
	2	Assamese	limited	limited	Fluent
	3	Hindi	limited	limited	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Link Road ,opp.T.T College Land P.O:-Link Raod		City	Silchar
	State/UT	Assam	Pin Code	788,006
Present Contact Address	Barak Valley Division, Brahmaputra Board		City	Silchar
	State/UT	Assam	Pin Code	788,001
	Phone (Off)	3,842,230,454	Fax.	
	Phone(Res)		Mob No	9,435,712,354
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
A.S.L.C Appeared					
Year	Division	CGPA	Specialization 2		
1977					
Institution		University	Place	Country	

Experience

Type of Posting		Level			
Designation		Present Position			
PWC Khalasi		PWC Khalasi			
Ministry		Department			
Ministry Of Water Resource		Brahmaputra Board			
Office		Place			
Sonai -Sub Division		Sonai			
Experience Subject		Period of Posting			
Major		Minor		From	To
				2013	fill 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		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 _____

Basab Chakrabarti
Signature of Officer

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