

## ER Sheet Data Entry Form

309

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## Officer ID No. Details

Service	CSS	Cadre	Ministerial	Sub Cadre	Group-C	Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

1985

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Bhaben		Deka	B Deka
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-01-1958	Date of Retirement
				01-12-2017
Community		General	Religion	Hindu
Father's Name		Lt. Saona Ram Deka		

## Birth Details

Birth Place	Nalbari	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	Cut marks on left leg		

## Marital Details

Marital Status	Married	Spouse Name	Mrs Moina Deka
Spouse Nationality			

## Joining Details

Source of Recruitment	DIR	Joining Date	1-6-1985	Retirement Details	01-12-2017
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)

Languages Known

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

**Address Details**

Permanant Address	1No. Dekarbari, Khudra Sankra, PO-Gopalthan, Nalbari		City	Nalbari town
	State/UT	Assam	Pin Code	781,335
Present Contact Address	O/O the Chief Engineer II, Brahmaputra Board, Basistha, Guwahati-29		City	Nalbari town
	State/UT	Assam	Pin Code	781,335
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	9,508,404,281
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Year		Division		CGPA	
1,969		V			
Institution		University		Country	
Bahjani Majalia M.V.School				INDIAN	
Experience					
Type of Posting			Level		
OTHER			OTHER		
Designation			Present Position		
office peon.			Regular		
Ministry			Department		
MOWR, RD&AR			Brahmaputra Board		
Office			Place		
To the chief Engineer - II			Basistha, Guwahati		
Experience Subject			Period of Posting		
Major		Minor		From To	
				1-6-1985	

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	
		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

*Sanjiv Bhattacharya*

Signature of Officer

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