

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
	SRI BHAGABAN	CHANDRA	DAS	BDAS.

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	30-11-1971	Date of Retirement	
Community	GENAREL		Religion	HINDU		
Father's Name	LATE PUJA DAS					

Birth Details

Birth Place	PUB-HATI	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	BARPETA	Mother Tongue	ASSAMESE		
Domicile		Physically Handicap Status	DNA		
Blood Group	O(+) ^{ve}	Identification Marks	ONE CUT MARK ON RIGHT LEG.		

Marital Details

Marital Status	MARRIED	Spouse Name	NAMITA DAS
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMA RUTRA BOARD.	Joining Date	29-2-1992	Retirement Details	31-12-2031
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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	ASSAMESE	✓Fluent	✓Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address		City	
	State/UT	Pin Code	781352
Present Contact Address	Vill. - Pubhati, P.O. - Bhabanipur P.S. - Bhabanipur, Dist. Barpeta		City
	State/UT	Pin Code	781352
	Phone (Off)	03662220572	Fax. - Nil -
	Phone(Res)		Mob No 9577474614
	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			
P. W/C KHALASHI		REGULAR			
Ministry		Department			
Water Resources, RD & GR		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	
		From		(in Weeks)	
		To		Result	
				<input type="radio"/> Qualified	
				<input type="radio"/> Not Qualified	

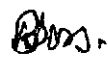
Awards/Publications

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 _____


Signature of Officer

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