

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
Mr.	Bhola	Prasad	Kurmi	B.P. Kurmi

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	05.07.1964	Date of Retirement	31.07.2024
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Community

General

Religion

Hindu

Father's Name

Late Siwpujan Prasad Kurmi

Birth Details

Birth Place	Saphitanwa Bhan	Birth State/UT	Bihar	Nationality	Indian
Birth District	Kushinagara	Mother Tongue	Assamese		
Domicile	Bihar	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	One cut mark on right arm		

Marital Details

Marital Status	Married	Spouse Name	Lilawati Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	13.09.1983	Retirement Details	31.07.2024
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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	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Limited	Limited
	2				
	3				
Address Details					
Permanant Address		Saphi tanwa Bharwa, P.O. Barwa Raja Pakar		City	
		State/UT	Bihar	Pin Code	274,407
Present Contact Address		Same as above		City	
		State/UT	Bihar	Pin Code	
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	8,876,052,663
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
Class IX				
Year	Division	CGPA	Specialization 2	
1,981				
Institution		University	Place	Country
Ialbahadur Shastri High sch				India

Experience			
Type of Posting		Level	
Designation		Present Position	
Khalasi		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 givan 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 _____ Signature of Officer *B.P. - Kamm*

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