

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	C	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

Mr. BIJAN BORGHAIN Initials *BJ*

CSL No./
SCSL No: (if known)

Sex Male Female Date of Birth 7.2.1957 Date of Retirement 27.10.1981

Community

INDIAN

Religion

HINDU

Father's Name

Late Lipendra Borghain

Birth Details

Birth Place Sooka Birth State/UT Assam Nationality Indian

Birth District Sonitpur Mother Tongue Assamese

Domicile Assam Physically Handicap Status Nil

Blood Group O+ Identification Marks

Marital Details

Marital Status Married Spouse Name Mrs Dhruv Borghain

Spouse Nationality Indian

Joining Details

Source of Recruitment *Camden Manager* Joining Date 27.10.1981 Retirement Details 28.2.2017

Departmental Examination Details

Level

Year

Rank

1

2

3

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

Qualification		Discipline		Specialization 1	
HSLC					
Year		Division		CGPA	
1976		III			
Institution		University		Place	
Soolar Academy		SEBA			

Experience			
Type of Posting		Level	
Canteen Manager		Gr. III	
Designation		Present Position	
Canteen Manager		Same	
Ministry		Department	
Ministry of water Resources		Brahmaputra Board	
Office		Place	
North Guwahati Division		North Guwahati	
Experience Subject		Period of Posting	
Major		Minor	
Canteen Manager		From	
		To	
		June 1991	
		Till 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	
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		Level
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.		Building Name	
Phone No.		Wing No.			
9706813518					

emarks (if any)

Language Known

		Road	Write	Speak
Indian Languages Known	1	Assamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill. Gonenka, P.O. Sootea Dist - Sonitpur, P.S. Sootea		City	Sootea
	State/UT	Assam	Pin Code	
Present Contact Address	Chandra choudhury path Bhelapara, H.No-53		City ✓	Juwahali
	State/UT		Pin Code	781028
	Phone (Off)	-	Fax	
	Phone(Res)	-	Mob No	9706813518
	E-Mail (Mandatory)			