

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
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Select List Year (Allot
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	BIKUL		BARMAN	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	31.01.1975	Date of Retirement
				31.01.2035
Community		General	Religion	Hindu
Father's Name		LT.KAILASH BARMAN		

Birth Details

Birth Place	CHAMATA	Birth State/UT	Assam	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue			
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	One cut mark on the middle		

Marital Details

Marital Status	Married	Spouse Name	MRS PRAMILA BARMAN
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	06.07.2006	Retirement Details	
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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	No	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Limited	Limited	No
	2				
	3				

Address Details

Permanant Address	VILL-CHAMATA(JAMARTAL) P.O-CHAMATA P.S-BELSOR		City	GUWAHATI
	State/UT	Assam	Pin Code	781,306
Present Contact Address	NAGAON DIVISION, BRAHMAPUTRA BOARD,NAGAON		City	NAGAON
	State/UT	Assam	Pin Code	781,306
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)	9,864,838,882	Mob No	9,864,838,882
	E-Mail (Mandatory)	BBRDNAGAON1959@yahoo.inH		

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

Qualification		Discipline		Specialization 1	
H.S.L.C					
Year	Division	CGPA		Specialization 2	
1,993	III				
Institution		University		Place	Country
CHAMATA H.S.SCHOOL		SEBA		GUWAHATI	INDIA

Experience					
Type of Posting			Level		
OTHER			Other		
Designation			Present Position		
Ministry			Department		
WATER RESOURCES GANGA REJUVANATION			BRAHMAPUTRA BOARD		
Office			Place		
NAGAON DIVISION			NAGAON		
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	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 _____

Sri Bikul Barma
 Signature of Officer

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