

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	
Mrs	BINA		DEVI		

CSL No./ SCSL No: (if known)	
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Sex	<input type="radio"/>	Male	<input checked="" type="radio"/>	Female	Date of Birth	01.02.1959	Date of Retirement	31.01.2019
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Community	General	Religion	Hindu
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Father's Name	LATE SURENDRA NATH SARMA
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Birth Details

Birth Place	HOJAI	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	NAGAON	Mother Tongue	ASSAMESE
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Domicile		Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	ONE LIGHT BLACK SPOT
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Marital Details

Marital Status	Married	Spouse Name	SRI ROBINDRA NATH THA
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment		Joining Date	27.04.1984	Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Limited	Limited	Limited
	3	BENGALI	Limited	Limited	Limited
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	PANKAJ NAGAR,BASISTHA GUWAHATI-29		City	GUWAHATI
	State/UT	Assam	Pin Code	781,029
Present Contact Address	BRAHMAPUTRA BOARD,NAGAON DIVISION,NAGAON		City	NAGAON
	State/UT		Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)		Mob No	9,435,569,628
	E-Mail (Mandatory)	bbrdnagaon1959@yahoo.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
B.A					
Year	Division		CGPA	Specialization 2	
1,978					
Institution		University		Place	Country
HOJAI COLLEGE		GUWAHATI		HOJAI	ASSAM

Experience

Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
WATER RESOURCES GANGA REJUVENATION		BRAHMAPUTRA BOARD	
Office		Place	
NAGAON DIVISION, NAGAON		NAGAON	
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 _____

Bina Devi.

Signature of Officer

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