

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.	BIPIN		SAIKIA	✓

CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.04.1962	Date of Retirement	31.03.2022

Community	General	Religion	Hindu
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Father's Name	LATE KAMAL SAIKIA
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Birth Details

Birth Place	JORHAT	Birth State/UT	Assam	Nationality	INDIAN
Birth District	JORHAT	Mother Tongue		ASSAMESE	
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks		ONE MOLE IN RIGHT SIDE	

Marital Details

Marital Status	Married	Spouse Name	MRS GITA SAIKIA
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	03.12.1985	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				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	VILL:MAJARATI P.O.MAJARATI	City	NAGAON	
	State/UT	Assam	Pin Code	782,003
Present Contact Address	VILL : MAJARATI P.O. Majarati	City	Nagaon	
	State/UT	Assam	Pin Code	
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)		Mob No	9,401,317,089
	E-Mail (Mandatory)	bbrdnagaon1959@ yahoo.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification		Discipline	
Class-VI		Specialization 1	
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country
			INDIA

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Of WATER RESOURCE		RIVER DEVELOPMENT & GANGA REJUVENATION BRAHMA	
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
	From	To	(in Weeks)
			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	Level
Activity Description/Remarks			

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 _____
M. Saricior
Signature of Officer

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