

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.	Biren		Das	BODS

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	20.06.1965	Date of Retirement	30.06.2025
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Community

OBC

Religion

Hindu

Father's Name

Late Soni ram Das

Birth Details

Birth Place	Akanagaon	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	Cut mark on the right leg		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Pratibha Das
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	10.09.1990	Retirement Details	30.06.20025
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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	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Vill- Akanagaon, P.O. Barajal		City	Nalbari
	State/UT		Pin Code	781,369
Present Contact Address	Brahmaputra Board Colony, .Basistha		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class-VIII					
Year	Division	CGPA		Specialization 2	
1,982					
Institution		University		Place	Country
Barajal High Madrasa					

Experience

Type of Posting		Level			
Designation		Present Position			
Chowkidar		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 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	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 _____

S. P. B. M. D. S.
Signature of Officer

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