

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	Sectional Assistant	Sub Cadre	Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
MR.	Biranchi		Rajkumar	Rajkumar

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	1.1.59	Date of Retirement	31st December 2018
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Community

O.B.C.

Religion

Hindu

Father's Name

Late Jogeswar Rajkumar

## Birth Details

Birth Place	Birth State/UT	Nationality	Indian
Birth District	Sibsagarh	Mother Tongue	Assamese
Domicile	Physically Handicap Status		
Blood Group	B+	Identification Marks	one black spot on right mouth

## Marital Details

Marital Status	Married	Spouse Name	Mrs. Nitu Rajkumar
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment	Section Assistant	Joining Date	5th NOV 1977	Retirement Details	31st December 2018
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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
	2	Hindi	Fluent	Fluent
	3	Bengali	Fluent	
	4			
	5			
Foreign Lang. Known	1	English	Fluent	Fluent
	2			
	3			

Address Details

Permanant Address	Moran Khatkholla. P.O. Moranhat Dist. Sibsaganh Assam.	City	Sibsaganh.
	State/UT	Assam	Pin Code
Present Contact Address	Lakshipur Division. Brahmaputra Board. North Lakshipur 787031	City	
	State/UT	Assam	Pin Code
	Phone (Off)	03752-232307	Fax.
	Phone(Res)	8011668898	Mob No
	E-Mail (Mandatory)		785669
			5011668898

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

Qualification		Discipline		Specialization 1	
H-S-L.C		SEBA			
Year	Division	CGPA		Specialization 2	
1975	III				
Institution		University		Place	
Sapon H.S. School		SEBA		Sibsaganj	
				Country	
				India	

**Experience**

Type of Posting		Level			
other		other			
Designation		Present Position			
Section Assistant		Regular			
Ministry		Department			
MONR RD SGR		Brahmaputra Board			
Office		Place			
Lakhimpur Division		North Lakhimpur			
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	
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	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.	