

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Stenographic	Sub Cadre		Id No.	will be alerted by CSDivision,LNB
---------	-----	-------	--------------	-----------	--	--------	--------------------------------------

Select List Year (Allot Year)	1989
-------------------------------	------

Name Details

Title	First Name	Middle Name	Sur Name
-------	------------	-------------	----------

Mr.	Bishnu	Ram	Das	Initials	
-----	--------	-----	-----	----------	--

CSL No./ SCSL No: (if known)	
---------------------------------	--

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-03-1968	Date of Retirement	28-02-2028
-----	---------------------------------------	------------------------------	---------------	------------	--------------------	------------

Community	SC	Religion	Hindu
-----------	----	----------	-------

Father's Name	Late Jiban Chandra Das
---------------	------------------------

Birth Details

Birth Place	Bagta, Hajo	Birth State/UT	ASSAM	Nationality	INDIAN
-------------	-------------	----------------	-------	-------------	--------

Birth District	Kamrup(R)	Mother Tongue	Assamese
----------------	-----------	---------------	----------

Domicile	ASSAM	Physically Handicap Status	
----------	-------	----------------------------	--

Blood Group	B (+)VE	Identification Marks	One mole in the left side of body
-------------	---------	----------------------	-----------------------------------

Marital Details

Marital Status	Married	Spouse Name	Mrs. Jitumani Das
----------------	---------	-------------	-------------------

Spouse Nationality	Indian
--------------------	--------

Joining Details

Source of Recruitment	Direct Recruitment on selection	Joining Date	08-12-1989	Retirement Details	28-02-2028
-----------------------	---------------------------------	--------------	------------	--------------------	------------

Departmental Examination Details

	Level	Year	Rank
--	-------	------	------

1			
---	--	--	--

2			
---	--	--	--

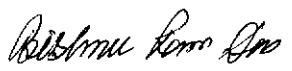
3			
---	--	--	--

Remarks (if any)					
Language Known					
			Read	Write	Speak
Indian Languages Known	1	ASSAMISE	FLUENT	FLUENT	FLUENT
	2	HINDI	FLUENT	LIMITED	FLUENT
	3	BENGALI	LIMITED	LIMITED	LIMITED
	4	SANSKRIT	LIMITED	LIMITED	LIMITED
	5				
Foreign Lang. Known	1	ENGLISH	FLUENT	FLUENT	LIMITED
	2				
	3				
Address Details					
Permanent Address		Vill & P.O. : Bagta, P.S.: Hajo, Dist: Kamrup, Assam		City	Hajo
		State/UT	Assam	Pin Code	781102
Present Contact Address		Qtr. No. IV/2, Brahmaputra Board Complex, Basistha, Guwahati-29		City	GUWAHATI
		State/UT	Assam	Pin Code	781029
		Phone (Off)	0361-2301099	Fax.	2301099
		Phone(Res)		Mob No	9435047942
		E-Mail (Mandatory)	Bishnurdas17@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Graduate		Arts		Diploma in Stenography from ITI, Guwahati	
Year	Division		CGPA	Specialization 2	
1995					
Institution		University		Place	Country
Suren Das College, Hajo		Guwahati University		Hajo	India
Experience					
Type of Posting			Level		
Designation			Present Position		
Private Secretary			Private Secretary, Regular		
Ministry			Department		
MoWR, RD&GR			BRAHMAPUTRA BOARD		
Office			Place		
Chairman's office			Guwahati, Assam		
Experience Subject			Period of Posting		
Major		Minor		From	To
<i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject</i>					
Training					
Training Year	Training Name			Training Subject	
2005	Technical Workshop			Effective PSs/PAs & office staff	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result	
ISERA, New Delhi	From	To	(in Weeks)	<input type="radio"/>	Qualified
	21 st April'15	23 rd April'15	3 days	<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 : 29/10/2015 Place: Guwahati
Information checked and verified – by


Signature of Officer

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