|   |                      |            | ER She               | et Data Bni              | ry Form                    |                     |             |                 | 4<br>•                                |  |
|---|----------------------|------------|----------------------|--------------------------|----------------------------|---------------------|-------------|-----------------|---------------------------------------|--|
| Basic Data  |                      |            |                      | :                        |                            |                     |             |                 |                                       |  |
| Officer ID N                                      | o. Details           |            |                      |                          |                            |                     |             |                 |                                       |  |
| Service CS  | S Cadre              |            |                      | Sub<br>Cadre             |                            |                     | 1           | No.   will   39 | be allerted by CS<br>Division,LNB     |  |
| <u>· ∣</u><br>S <del>elect List Ye</del><br>Year) | ear (Allot           |            |                      |                          |                            |                     |             |                 |                                       |  |
| Name Detail                                       | S                    |            |                      |                          |                            |                     |             |                 |                                       |  |
| Title   | First                | Name       | M                    | liddle Nam               | e                          | Sur Nan             | ne          |                 |                                       |  |
| Mrc.  | MR. DEBAJIT          |            | 4.                   |                          |                            | RAK                 |             | Initials        |                                       |  |
| CSL<br>SCSI                                       | No: (if know         |            |                      |                          |                            |                     |             |                 |                                       |  |
| Sex Q   | Male OF              | emale Date | e of Birth           | 31-12-1                  | 958 Da                     | ite of Retire       | ement 3     | 3/-/2           | -2018                                 |  |
| Community Indean  Father's Name Late Phedu        |                      |            |                      |                          | Religion 1 du              |                     |             |                 |                                       |  |
| Fat   | her's Name           | Late       | Phedu                | a Bo                     | a                          |                     |             |                 | · · · · · · · · · · · · · · · · · · · |  |
| Birth Details                                     |                      |            |                      |                          |                            |                     |             |                 |                                       |  |
| Birth   | Place M              | ajule      | Birth Sta            |                          | SSom                       |                     | ionality    | Ind             | tran                                  |  |
| Birth District Joshan  Domicile Assam             |                      |            | Mother Tongue        |                          |                            |                     | Assamese    |                 |                                       |  |
| Domicile Assam                                    |                      |            | ,                    | Physically Handicap Stat |                            |                     |             |                 |                                       |  |
| Blood Group                                       |                      |            | Identification Marks |                          |                            |                     | ASTY        | en fo           | rubed                                 |  |
| Marital Deta                                      |                      |            |                      |                          |                            |                     | <del></del> |                 |                                       |  |
| Marital Status Mark Nationality                   |                      |            |                      |                          | Spouse Name Mrs. Renu Born |                     |             |                 |                                       |  |
| Spouse  | Nationality          | \$0        | rdian                |                          |                            |                     |             |                 |                                       |  |
| Joining Deta                                      | ails                 |            |                      |                          |                            |                     |             |                 | <u></u>                               |  |
| Sour<br>Recr                                      | ce of $f_{\gamma z}$ | n MR       |                      | ning 4/6                 | /1985                      | Retireme<br>Details | nt AF       | In o            | ege of                                |  |
| Department  | al Examinati         | on Details |                      |                          |                            |                     |             |                 |                                       |  |
| Level   |                      |            |                      |                          | Year                       |                     |             | Rank            |                                       |  |
| 1   |                      |            |                      |                          |                            |                     |             |                 |                                       |  |
| 2   |                      |            |                      |                          |                            |                     |             |                 |                                       |  |
| 3   |                      |            |                      |                          |                            |                     |             |                 |                                       |  |

| rks (if any)               |          |                       |        |          |          |            |  |  |
|----------------------------|----------|-----------------------|--------|----------|----------|------------|--|--|
| nyuage Known               |          | <u></u>               |        |          |          |            |  |  |
|                            | <u>,</u> |                       |        | Read     | Write    | Speak      |  |  |
| Indian Language            | es 1     | Assume                | se     | L        |          | <u> </u>   |  |  |
| Known                      | 2        | Hondi                 |        | V        | <u> </u> |            |  |  |
|                            | 3        |                       |        |          |          |            |  |  |
|                            | 4        |                       |        |          | _        |            |  |  |
|                            | 5        |                       |        |          |          |            |  |  |
| Foreign Lang.<br>Known     | 1        | English               |        | V        | <u> </u> |            |  |  |
|                            | 2        |                       |        |          |          |            |  |  |
|                            | 3        |                       |        |          |          |            |  |  |
| Address Details            | 5        |                       |        |          |          |            |  |  |
| Permanant Addr             | ess      | p.o. Mowamarco        |        |          | City     | Jonhat     |  |  |
|                            |          | p.0. Mou              |        |          | 5: 0.4   | 705-018    |  |  |
|                            |          | State/UT              | ASS    | em       | Pin Code | 785705     |  |  |
| Present Contact<br>Address |          | Barak V<br>Selehan    | ralley | Division | City     | Selchan    |  |  |
|                            |          | State/UT              | Ae     | Sam      | Pin Code | 788001     |  |  |
|                            |          | Phone (Off)           | 1 703  |          | Fax.     |            |  |  |
|                            |          | Phone(Res)            | -      |          | Mob No   | 8761909154 |  |  |
|                            |          | E-Mail<br>(Mandatory) |        |          |          |            |  |  |

| Qualifi  |                   | Discipline                    |                |                              |                                       | Specialization 1                             |                  |                              |                                       |  |  |
|--|-------------------|-------------------------------|----------------|------------------------------|---------------------------------------|--|------------------|------------------------------|---------------------------------------|--|--|
| Read upto  | class x           |                               | ******         |                              |                                       |  |                  |                              | ******                                |  |  |
| Year Div   |                   |                               | n              | CGPA                         |                                       |  | Specialization 2 |                              |                                       |  |  |
| 1976   |                   |                               |                |                              |                                       |  |                  |                              |                                       |  |  |
| Instituti  |                   | L                             | Iniversity     | iversity Plac                |                                       |  | Country          |                              |                                       |  |  |
| Ratampur M   | in HS.            |                               | <u></u>        |                              | noun                                  | India  |                  |                              |                                       |  |  |
| Experience   | T                 |                               |                |                              | 18-3-1                                | <u>.                                    </u> | <u> </u>         |                              |                                       |  |  |
|  | Type of P         | osting                        |                |                              |                                       | _ <u></u>                                    | evel             |                              |                                       |  |  |
| W/   |                   | 4:                            |                | <del> </del>                 |                                       |  |                  |                              |                                       |  |  |
| 00   | Designa           |                               |                |                              | 0 %                                   | Preser                                       |                  | ion                          |                                       |  |  |
| PWC, B,  | / ルーD か<br>Minist | cover_                        |                | PWC                          | . B/E                                 | ) Done                                       | <u> </u>         |                              |                                       |  |  |
|  |                   | ·                             |                |                              | 0                                     | •  | artment          |                              |                                       |  |  |
| Mrushy   | of wall           |                               | <u> </u>       |                              | Brah                                  | nopuh<br>P                                   | VIer             | uv_                          |                                       |  |  |
| O a d a d a d a d  | *******           |                               | <del> </del>   | <u> </u>                     |                                       |  | lace             |                              |                                       |  |  |
| Barak Vo   |                   | Seich on<br>Period of Posting |                |                              |                                       |  |                  |                              |                                       |  |  |
| <u></u>  |                   | Minor                         |                |                              |                                       | <u>9</u>                                     | То               |                              |                                       |  |  |
|  |                   | WING                          |                | From                         |                                       |  |                  |                              |                                       |  |  |
| Note:-Refer the A  | nnexure to f      | iil above Majo                | r, Minor Si    | ubjects and                  | d below o                             | ivan training :                              | subiect          | i_                           |                                       |  |  |
| Training   |                   |                               |                | <u> </u>                     |                                       |  |                  |                              |                                       |  |  |
| Training Year  |                   | Training                      | Name           | · · · · · ·                  |                                       | Ti   | aining           | Subje                        | ect                                   |  |  |
|  |                   |                               |                |                              | +                                     | <u> </u>                                     |                  |                              |                                       |  |  |
| Level Institute Nam  |                   |                               | e Name, I      | e, Place Field               |                                       | Visit Country Field                          |                  | d Visit Place (within India) |                                       |  |  |
|  |                   |                               |                |                              | <del> </del>                          |  |                  |                              |                                       |  |  |
| Sponsoring Authority   |                   | Р                             | Period of Tra  |                              | raining To                            |  | <br>on           | Result                       |                                       |  |  |
|  |                   |                               |                |                              |                                       |  | eks)             | 0                            | Qualified                             |  |  |
|  |                   |                               |                | <del></del>                  | · · · · · · · · · · · · · · · · · · · |  |                  | O                            | Not Qualified                         |  |  |
| Awards/Publica   | ations            |                               |                |                              |                                       | <del></del>                                  |                  | -                            | · · · · · · · · · · · · · · · · · · · |  |  |
| 7  | Type of Act       | ivity :                       |                | O Ac                         |                                       | O Non Academic                               |                  |                              |                                       |  |  |
| Activity Area  |                   |                               |                | Activity Subject             |                                       |  | Activity Title   |                              |                                       |  |  |
|  |                   |                               |                |                              |                                       |  |                  |                              |                                       |  |  |
| Day Month Year   |                   |                               | Acti           | Activity Description/Remarks |                                       |  | Level            |                              |                                       |  |  |
|  |                   |                               |                |                              |                                       |  |                  |                              |                                       |  |  |
| Note: (i) Conc   | emed CSS          | officer is re                 | sponsible      | for the co                   | orrectne                              | ss of informa                                | ation se         | nt thr                       | ough ER Sheet                         |  |  |
| profo  | rma.              |                               |                |                              |                                       |  |                  |                              |                                       |  |  |
| (ii) Subje   | ect to verific    | ation by the                  | concerne       | ed admini                    | strative                              | authoritles.                                 |                  | e1                           |                                       |  |  |
|  | r 17              | Place: Sel                    | char           |                              |                                       |  | Sin              | Deba                         | re of Officer                         |  |  |
|  |                   |                               |                |                              |                                       |  | Sié              | ji latu                      | ic of Officer                         |  |  |
| Information che  |                   |                               | Minist         | try/Depart                   | ment                                  |  |                  | - atu                        |                                       |  |  |
| Date: 23/2/<br>Information che<br>Section Officer<br>E-mail Id |                   |                               | Minist<br>Room |                              | ment                                  | Build  | ing Na           |                              |                                       |  |  |