

## 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.	Dharani	Dhar	Haloi	<i>Dhar</i>

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31.01.1958	Date of Retirement	31.01.2018
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Community

General

Religion

Hindu

Father's Name

Late Jonjalu Haloi

## Birth Details

Birth Place	Kaithalkuchi	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	AB +ve	Identification Marks	One black mole under the rj		

## Marital Details

Marital Status	Married	Spouse Name	Renu haloi
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	21.05.1983	Retirement Details	31.01.2018
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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	Bengali	Fluent	Fluent	Fluent
	2	Assamese	Fluent	Fluent	Fluent
	3	Hindi	Fluent	Limited	Fluent
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill-Kaithalkuch, P.O. Kaithalkuchi		City	
	State/UT	Assam	Pin Code	781,370
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	8,011,583,559
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class- VI					
Year	Division	CGPA		Specialization 2	
Institution		University		Place	Country
Majbat					Indian


<b>Experience</b>			
Type of Posting		Level	
OTHER			
Designation		Present Position	
		Regular	
Ministry		Department	
MoWR RD & GR, GOI		Brahmaputra Board	
Office		Place	
Guwahati		Basistha	
Experience Subject		Period of Posting	
Major	Minor	From	To

**Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan training subject**

<b>Training</b>			
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)
			<input type="radio"/> Qualified
			<input type="radio"/> Not Qualified

<b>Awards/Publications</b>			
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 \_\_\_\_\_ Signature of Officer 

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