

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | |
|-------------------------------|-------|-----------------|-----------|--------|
| Service ICSS | Cadre | GROUP- D | Sub Cadre | Id No. |
| Select List Year (Allot Year) | 198. | | | |

Name Details

| | | | | |
|---------------------|--|---------------|----------------|--------------------|
| Title | First Name | Middle Name | Sur Name | Initials |
| Mr | DHIRENDRA | NATH | SARMAH | D. Sarma |
| CSL No./ | | | | |
| SCSI No. (if known) | | | | |
| Sex | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Date of Birth | 30-6-65 | Date of Retirement |
| | | | | 30-6-2025 |
| Community | General | Religion | Hindu | |
| Father's Name | Late Phaniidhara Sarma | | | |

Birth Details

| | | | | | |
|----------------|--------------------|----------------------------|---------------------------------|-------------|--------|
| Birth Place | Pingaleswar | Birth State/UT | Assam | Nationality | INDIAN |
| Birth District | Kamrup | Mother Tongue | ASSAMESE | | |
| Domicile | Assam | Physically Handicap Status | | | |
| Blood Group | O +ve | Identification Marks | A cut mark in Right Foot | | |

Marital Details

| | | | |
|--------------------|---------|-------------|------------------------|
| Marital Status | Married | Spouse Name | Sri Manika Devi |
| Spouse Nationality | INDIAN | | |

Joining Details

| | | | | | |
|-----------------------|--------------------|--------------|------------------|--------------------|------------------|
| Source of Recruitment | Appointment | Joining Date | 1-10-1984 | Retirement Details | 30-6-2025 |
|-----------------------|--------------------|--------------|------------------|--------------------|------------------|

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 | Fluent | Fluent | Fluent |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Lang. Known | 1 | ENGLISH | Limited | Limited | Limited |
| | 2 | | | | |
| | 3 | | | | |

Address Details

Permanent Address

Vill + P.O = Pingaleswar
P.S = Baidhata Chariali

City: Kamrup

Present Contact Address

State/UT: Assam

Pin Code:

City: Roangin

State/UT: Assam

Pin Code: 781354

Phone (Off): 03621241672

Fax:

Phone(Res):

Mob No: 9864408193

E-Mail (Mandatory):

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

| | | | |
|--|---------------------------|------------------------|------------------|
| Qualification <i>Class - IX</i> | Discipline | | Specialization 1 |
| Year <i>1982</i> | Division | CGPA | Specialization 2 |
| Institution <i>Karara High School</i> | University <i>SEDA</i> | Place <i>KARARA</i> | Country India |

| | | | |
|-------------------------------------|-------------------------|---------------------------------|------------------------|
| Experience | | Level | |
| Type of Posting | Other | | |
| Designation <i>office peon</i> | Present Position | | |
| Ministry <i>MOWR RD & GR</i> | Regular | Department BRAHMAPUTRA BOARD | |
| Office <i>Saangia Division</i> | Place <i>Saangia</i> | | Place |
| Experience Subject | Period of Posting | | |
| Major | Minor | From <i>1-10-1984</i> | To <i>continues</i> |

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

| | | | |
|----------------------|-----------------------|---------------------|---|
| Training | | Training Subject | |
| Training Year | Training Name | | |
| 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"/> <input type="radio"/> |

| | | | | |
|---------------------|---|------|------------------------------------|-------|
| Awards/Publications | | | | |
| Type of Activity | <input checked="" 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: *Shivendra Nath Jeevanat*

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