


ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre Engineer Accounting	Organized	Sub Cadre	Id No. 717	will be alerted by CSDivision, LNB
Select List Year (Allot Year)						

Name Details

Title	First Name	Middle Name	Sure Name	Initials
	DIPANKAR		GOSWAMI	

CSL No./ SCSL No: (if known)		
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth 02-01-1961	Date of Retirement 31-01-2021

Community BENGALI	
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Father's Name	LATE JIBAN KRISHNA GOSWAMI
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Birth Details

Birth Place	ALIPURDUAR	Birth State/UT	WEST BENGAL	Nationality	INDIAN
Birth District	ALIPURDUAR	Mother Tongue		BENGALI	
Domicile	WEST BENGAL	Physically Handicap Status		NIL	
Blood Group	B+	Identification Marks		SPOT BELOW THE LEFT CHEST	

Marital Details

Marital Status	MARRIED	Spouse Name	BANI GOSWAMI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Direct Recruitment on selection	Joining Date	28-06-1988	Retirement Details	YET TO BE
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Departmental Examination Details

Level	Year	Rank
1	DEPARTMENTAL EXAMINATION FOR PROMOTION TO DIV. ACCOUNTANT 1993	FIRST
2		
3		

Remarks (if any)

Language Known

			Read	Write	Speak
Indian Languages Known	1	HINDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	BENGALI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	ASSAMIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4				
	5				
Foreign Lang. Known	1	ENGLISH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2				
	3				

Address Details				
Permanent Address	204/E, SAGAR HOUSING COMPLEX, KAMAKHYANAGAR		City	GUWAHATI
	State/UT	ASSAM	Pin Code	781012
Present Contact Address	O/O EXECUTIVE ENGINEER BRAHMAPUTRA BEARD		City	ROING
	State/UT	ARUNACHAL PRADESH	Pin Code	792110
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	9435341167
	E-Mail (Mandatory)	dipankar.goswami66@gmail.com		

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

Qualification	Discipline		Specialization 1
M. COM.	COMMERCE		TRADE AND BANKING
Year	Division	CGPA	Specialization 2
1985	First Class SECOND CLASS		
Institution	University	Place	Country
	UNIVERSITY OF NORTH BENGAL	SILIGURI	INDIA

Experience

Type of Posting	Level		
OTHER ACCOUNTING	GROUP 'B' - NON GETZETTED		
Designation	Present Position		
DIVISIONAL ACCOUNTANT			
Ministry	Department		
MINISTRY OF WATER RESOURCES	BRAHMAPUTRA BOARD		
Office	Place		
BRAHMAPUTRA BOARD	ROING, ARUNACHAL PRADESH		
Experience Subject	Period of Posting		
Major	Minor	From	To
ACCOUNTING		26-08-2008	CONTINUING

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

Training

Training Year	Training Name	Training Subject
	NIL	

Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
Sponsoring Authority	Period of Training	Duration	Result
	From To	(in Weeks)	<input checked="" type="radio"/> Qualified
			<input type="radio"/> Not Qualified

Awards/Publications

Type of Activity :	<input type="radio"/> Academic	<input type="radio"/> Non Academic
	NIL	NIL
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: Roing (Arunachal Pradesh)
 Information checked and verified – by _____ Signature of Officer

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