

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details 655

Service	CSS	Cadre		Sub Cadre		Id No.	655	will be alerted by CS Division, LNB
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Select List Year (Allot Year) 1983

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Ganesh		Bin	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	02.11.1962	Date of Retirement	30.11.2022
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Community	Hindu (Bin)	Religion	Hinduism
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Father's Name Arshinoli Bin

## Birth Details

Birth Place	Jyotishitola	Birth State/UT		Nationality	Indian
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Birth District	Bopalgarh	Mother Tongue	Hindi
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Domicile	Assam	Physically Handicap Status	
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Blood Group	AB' positive	Identification Marks	
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## Marital Details

Marital Status	Married	Spouse Name	Umapawati Debi
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Spouse Nationality	Indian
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## Joining Details

Source of Recruitment		Joining Date	29.09.1983	Retirement Details	30.11.2022
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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	Hindi	Fluent	Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill - Jyotishitola; P.O. - Bhore - Dt - Gopalganj		City	Gopalganj
	State/UT	Bihar	Pin Code	
Present Contact Address	Barak valley Division, Boranpura Ntra Board		City	Silchar
	State/UT	Assam	Pin Code	788001
	Phone (Off)	03842-230454	Fax.	
	Phone(Res)		Mob No	9402115969
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Passed class XII					
Year	Division	CGPA	Specialization 2		
Institution		University	Place	Country	

**Experience**

Type of Posting		Level			
Designation		Present Position			
PWC Khalasi		PWC Khalasi			
Ministry		Department			
Ministry of water Resources		Brahmaputra Board			
Office		Place			
Mizoram Sub-Division		Sairang, Mizoram			
Experience Subject		Period of Posting			
Major	Minor	From	To		
		1997	till date		

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

**Training**

Training Year	Training Name		Training Subject		
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"/> Qualified <input type="radio"/> Not Qualified	

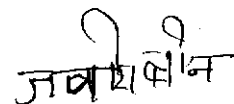
**Awards/Publications**

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 : \_\_\_\_\_ Place : Sairang  
Information checked and verified - by \_\_\_\_\_

  
Signature of Officer

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