

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	<i>Walmi</i>	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.	<i>Ahama</i>	<i>Kanda</i>	<i>Chetia</i>	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	<i>01.01.1960</i>	Date of Retirement	<i>31.12.2019</i>
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Community

M.O.B.C.

Religion

Hindu

Father's Name

Lt. Mubishwar Chetia.

Birth Details

Birth Place	<i>Burhadkuri.</i>	Birth State/UT	<i>Assam</i>	Nationality	<i>India</i>
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Birth District

Shemegi

Mother Tongue

Assamese

Domicile

Physically Handicap Status

Blood Group

O (+)

Identification Marks

Marital Details

Marital Status	<i>Married</i>	Spouse Name	<i>Mrs. Pratiba Chetia.</i>
Spouse Nationality	<i>Indian</i>		

Joining Details

Source of Recruitment		Joining Date	<i>12.12.1979</i>	Retirement Details	<i>31.12.2019</i>
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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	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				
Address Details					
Permanant Address				City	
		State/UT	Assam	Pin Code	786026
Present Contact Address		Vill:- Buhakuri, P.O.:- Bordolani Dist:- Dhemaji (Assam)		City	
		State/UT	Assam	Pin Code	786026
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9753073485
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		CGPA	
Institution		University		Place	
				Country	
				India	

Experience

Type of Posting		Level	
Other		Other	
Designation		Present Position	
Khalari		Regular	
Ministry		Department	
MOWR BIRE RD		Brahmapur Board	
Office		Place	
Lakhimpur Division		North Lakhimpur	
Experience Subject		Period of Posting	
Major		Minor	
		From	
		To	

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	
		From		(in Weeks)	
		To		Result	
				<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 : _____
 Information checked and verified - by _____

[Signature]
 Signature of Officer

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