

Kha

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	HARKHU	PRASHAD	BIN.	६२२९९११११

CSL No./ SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	13/11/1956	Date of Retirement	30/11/2016
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Community: General Religion: HINDU

Father's Name: Late Mithu Bin.

Birth Details

Birth Place	BALUA APHAGAN	Birth State/UT		Nationality	
Birth District	DEORIA	Mother Tongue	HINDI		
Domicile	U.P.	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	CUT MARK ON LEFT HAND.		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Kalawoti Bin.
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	w/c khilasi	Joining Date	01/04/82	Retirement Details	30/11/2016.
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi	Fluent	Fluent
	2	Assamese		
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address			City	
	State/UT		Pin Code	
Present Contact Address			City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
CLASS VII		Khalasi			
Year	Division		CGPA	Specialization 2	
Institution		University		Place	Country
Kusumda H.S. U.P.				U.P.	India.

Experience

Type of Posting		Level			
Khalasi					
Designation		Present Position			
Khalasi					
Ministry		Department			
Ministry of water Resources, AD&GD		BRAHMAPUTRA BOARD			
Office		Place			
Mirza Sub-Division, Mirza		Mirza.			
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	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	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 : 07/3/2016 Place : Guwahati

Information checked and verified - by

Signature of Officer

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