

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.	Hemanta		Saikia	<i>H.Saikia</i>

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.03.1965	Date of Retirement	28.02.2025
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Community	General	Religion	Hindu
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Father's Name	Late Gopal ChandraSaikia
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Birth Details

Birth Place	Marioni	Birth State/UT	Assam	Nationality	Indian
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Birth District	Jorhat	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	A +ve	Identification Marks	Black mole at right hand
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Marital Details

Marital Status	Married	Spouse Name	Mrs.Kabita Saikia Neog
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	11.07.1990	Retirement Details	28.02.2025
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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	Limited
	2				
	3				

Address Details

Permanant Address	1st lane, Lakhimi Nagar-1, Pulibor		City	Jorhat
	State/UT	Assam	Pin Code	785,016
Present Contact Address	Same as above		City	Jorhat
	State/UT	Assam	Pin Code	785,016
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,435,753,224
	E-Mail (Mandatory)	hsaikia19@gmail.com		

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

Qualification		Discipline		Specialization 1	
Three years diploma		CIVIL ENGG			
Year	Division	CGPA		Specialization 2	
1,987	II class				
Institution		University		Place	Country
Jorhat Polytechnic		DTE		jorhat	India

Experience

Type of Posting		Level			
Designation		Present Position			
SO		Regular			
Ministry		Department			
MoWR, RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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 : _____ Place : _____
Information checked and verified - by _____

Hemanta Sainia
Signature of Officer

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