

## ER Sheet Data Entry Form

Basic Data OF HIREN CHANDRA DAS

## Officer ID No. Details

Service	CSS	Cadre	'C1	Sub Cadre		Id No.	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
DAS	HIREN		HIREN DAS	H. DAS

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-05-1961	Date of Retirement	01-05-2021
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Community

Assamese

Religion

Hinduism

Father's Name

Late Rangit Das

## Birth Details

Birth Place	Kamrup	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Assamese		
Domicile		Physically Handicap Status	Sora marks in Right knee		
Blood Group	O(+)	Identification Marks			

## Marital Details

Marital Status	married	Spouse Name	Mrs Ridhika Das
Spouse Nationality			

## Joining Details

Source of Recruitment	Passing Division	Joining Date	15-09-1983	Retirement Details	01-05-2021
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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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		vill- Ulubari, P.O. (do) Dist. Kamrup (Assam)	City	Kamrup	
	State/UT		Pin Code	781354	
Present Contact Address		vill- Dalhara, P.O. Rangia Dist. Kamrup (Assam)	City		
	State/UT		Pin Code		
	Phone (Off)		Fax.		
	Phone(Res)		Mob No	9706192753	
	E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
IX					
Year	Division	CGPA	Specialization 2		
Institution		University	Place	Country	

<b>Experience</b>			
Type of Posting		Level	
Khalasi			
Designation		Present Position	
Khalasi			
Ministry		Department	
Water Resource			
Office		Place	
North Annapurna Division			
Experience Subject		Period of Posting	
Major	Minor	From	To

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

<b>Training</b>			
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	To	( in Weeks)
			Result
			<input type="radio"/> Qualified
			<input type="radio"/> Not Qualified

<b>Awards/Publications</b>			
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 \_\_\_\_\_

Signature of Officer \_\_\_\_\_

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