

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		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.	HUKHEN		DUTTA	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.03.1963	Date of Retirement
				28.02.2023
Community		General	Religion	Hindu
Father's Name		LATE THUNK DUTTA		

Birth Details

Birth Place	JUNAI	Birth State/UT	Assam	Nationality	Indian
Birth District	DHEMAJI	Mother Tongue		ASSAMESE	
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks		A cut mark on left hand	

Marital Details

Marital Status	Married	Spouse Name	Mrs Rukmini Dutta
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	12.09.1983	Retirement Details	
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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	Limited	Limited	No
	3		No	No	No
	4				
	5				
Foreign Lang. Known	1		No	No	No
	2				
	3				
Address Details					
Permanant Address	Margherita, Segunbari Dist: Tinsukia		City	Tinsukia	
	State/UT	Assam	Pin Code	786,181	
Present Contact Address	Margherita Sub- Division, Brahmaputra Board, Margherita		City	Margherita	
	State/UT	Assam	Pin Code	786,181	
	Phone (Off)		Fax.		
	Phone(Res)		Mob No	8,471,887,735	
	E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
Class - VII		Civil Engineering			
Year	Division	CGPA	Specialization 2		
Institution		University		Place	Country
					India

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Water Resources & Ganga Rejuvenation		Brahmaputra Board			
Office		Place			
Margherita sub- Division, Brahmaputra Board		Margherita			
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	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 of Officer

g. Subhan g. g. g.

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