

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	<i>tehalari</i>	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.	<i>Indra</i>	<i>Kanta</i>	<i>Hazarika</i>	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	<i>21-01-1966</i>	Date of Retirement	<i>31.12.26</i>
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Community

*ORC*

Religion

*Hindu*

Father's Name

*Late Lalit Hazarika*

## Birth Details

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

*Dhoojri*

Mother Tongue

*Assamese*

Domicile

Physically Handicap Status

Blood Group

*A+*

Identification Marks

## Marital Details

Marital Status	<i>married</i>	Spouse Name	<i>Mrs. Anshu Hazarika</i>
Spouse Nationality	<i>Indian</i>		

## Joining Details

Source of Recruitment		Joining Date	<i>12.09.1983</i>	Retirement Details	<i>31.12.26</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	vill - kamalpur P.O. Jyngnaonpur		City	
	dit- Dhesorji			
	State/UT	Assam	Pin Code	
Present Contact Address	— do —		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9577780114
	E-Mail (Mandatory)			

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

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

**Experience**

Type of Posting		Level		
Other		Other		
Designation		Present Position		
Khalari		Regular		
Ministry		Department		
MOWR GR & RD		Brahmaputra 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	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

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.