

## ER Sheet Data Entry Form

Basic Data OF SRI. JATIN BHUYAN

## Officer ID No. Details

|         |     |       |   |           |   |        |     |                                     |
|---------|-----|-------|---|-----------|---|--------|-----|-------------------------------------|
| Service | CSS | Cadre | e | Sub Cadre | - | Id No. | 319 | will be alerted by CS Division, LNE |
|---------|-----|-------|---|-----------|---|--------|-----|-------------------------------------|

Select List Year (Allot Year)

1982

## Name Details

|       |            |             |          |          |
|-------|------------|-------------|----------|----------|
| Title | First Name | Middle Name | Sur Name | Initials |
|       | BHUYAN     | -           | JATIN    | BH       |

CSL No./  
SCSL No: (if known)

|     |                            |   |               |          |                    |  |
|-----|----------------------------|---|---------------|----------|--------------------|--|
| Sex | <input type="radio"/> Male | <input checked="" type="radio"/> Female | Date of Birth | 01-09-58 | Date of Retirement |  |
|-----|----------------------------|---|---------------|----------|--------------------|--|

Community

Assamese

Religion

Hinduism

Father's Name

Late. Sona Ram Bhuyan.

## Birth Details

|                |                      |                            |                                       |             |  |
|----------------|----------------------|----------------------------|---------------------------------------|-------------|--|
| Birth Place    | Nowboicha            | Birth State/UT             | Assam                                 | Nationality |  |
| Birth District | Lakhimpur            | Mother Tongue              | Assamese                              |             |  |
| Domicile       | Assam                | Physically Handicap Status | -                                     |             |  |
| Blood Group    | A (Negative)<br>-vi) | Identification Marks       | 'Crest Mark in left side of the head' |             |  |

## Marital Details

|                    |         |             |                     |
|--------------------|---------|-------------|---------------------|
| Marital Status     | Married | Spouse Name | Anima Dulla Bhuyan. |
| Spouse Nationality | Indian  |             |                     |

## Joining Details

|                       |                             |              |          |                    |            |
|-----------------------|-----------------------------|--------------|----------|--------------------|------------|
| Source of Recruitment | S.E. North Lakhimpur Circle | Joining Date | 09.07.82 | Retirement Details | 31-08-2018 |
|-----------------------|-----------------------------|--------------|----------|--------------------|------------|

## 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                  | English   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                         | 3                  | Hindi   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                         | 4                  |   |                                     |                                     |                                     |
|                         | 5                  |   |                                     |                                     |                                     |
| Foreign Lang. Known     | 1                  |   |                                     |                                     |                                     |
|                         | 2                  |   |                                     |                                     |                                     |
|                         | 3                  |   |                                     |                                     |                                     |
| Address Details         |                    |   |                                     |                                     |                                     |
| Permanant Address       |                    | Vill- 2 No. Kowadonga<br>P.O. Nowbaicha, Lakhimpur<br>Assam           | City                                |                                     |                                     |
|                         | State/UT           |   | Pin Code                            | 787001                              |                                     |
| Present Contact Address |                    | NORTH GUWAHATI DIVISION<br>BRAHMAPUTRA DISTRICT<br>Rudreswar, City-30 | City                                |                                     |                                     |
|                         | State/UT           |   | Pin Code                            | 78030.                              |                                     |
|                         | Phone (Off)        |   | Fax.                                |                                     |                                     |
|                         | Phone(Res)         |   | Mob No                              | 9959590258                          |                                     |
|                         | E-Mail (Mandatory) |   |                                     |                                     |                                     |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) |             |            |                   |                  |           |
|---|-------------|------------|-------------------|------------------|-----------|
| Qualification   |             | Discipline |                   | Specialization 1 |           |
| B.Sc.   |             | Science    |                   |                  |           |
| Year  | Division    |            | CGPA              | Specialization 2 |           |
| 1980  | Pass course |            |                   |                  |           |
| Institution   |             | University |                   | Place            | Country   |
| North Lakhimpur College   |             | Dibrugarh  |                   | North Lakhimpur  | India     |
| Experience  |             |            |                   | Level            |           |
| Type of Posting   |             |            |                   | Senior Observer  |           |
| Designation   |             |            |                   | Present Position |           |
| Senior Observer   |             |            |                   | Same             |           |
| Ministry  |             |            | Department        |                  |           |
| Ministry of Water Resources   |             |            | Brahmaputra Board |                  |           |
| Office  |             |            | Place             |                  |           |
| North Guwahati Division   |             |            | Rudreswar, Ghy-30 |                  |           |
| Experience Subject  |             |            | Period of Posting |                  |           |
| Major   |             | Minor      |                   | From             | To        |
| Experience in Model   |             |            |                   | 1993             | Till date |

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

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