

## 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.	JAYANTA	KUMAR	THAKURIA	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.01.1966	Date of Retirement	01.01.2026
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Community

General

Religion

Hindu

Father's Name

LATE BOLORAM THAKURIA

## Birth Details

Birth Place	GUWAHATI	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	KAMRUP	Mother Tongue	ASSAMESE
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	Cut mark left eye
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## Marital Details

Marital Status	Married	Spouse Name	MRS NAMITA THAKURIA
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Spouse Nationality	INDIAN
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## Joining Details

Source of Recruitment		Joining Date	27.04.1989	Retirement Details	
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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**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:BIMALA NAGAR		City	GUWAHATI
	State/UT	Assam	Pin Code	781,016
Present Contact Address	NAGAON DIVISION,BRAHMAPUTRA BOARD		City	NAGAON
	State/UT	Assam	Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)		Mob No	9,864,018,740
	E-Mail (Mandatory)	thakuria_jayanta@yahoo.co.in		

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

Qualification		Discipline		Specialization 1	
DIPLOMA (IN ENGINEERING)		CIVIL ENGINEERING			
Year	Division	CGPA		Specialization 2	
1,988	1st class				
Institution		University		Place	Country
Dibrugarh Polytechnic		Dibrugarh		Dibrugarh	INDIA

**Experience**

Type of Posting		Level			
OTHER					
Designation		Present Position			
		Regular			
Ministry		Department			
Water Resources & Ganga Rejuvenation		Brahmaputra Board			
Office		Place			
Nagaon Division, Brahmaputra Board		Nagaon			
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  21/9/15

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