

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre		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
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Mr.	JUGAL		GOGOI	Initials	<i>Gogoi</i>
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CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31.08.1964	Date of Retirement	31.08.2024
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Community	OBC	Religion	Hindu
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Father's Name	Late Rangai Gogoi
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## Birth Details

Birth Place	Sibsagar	Birth State/UT	Assam	Nationality	Indian
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Birth District	Sibsagar	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	
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## Marital Details

Marital Status	Married	Spouse Name	Mrs. Jamini Gogoi
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Spouse Nationality	Indian
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## Joining Details

Source of Recruitment		Joining Date	09.06.1983	Retirement Details	31.08.2024
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## Departmental Examination Details

Level	Year	Rank
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1		
2		
3		

Remarks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	Assamese	Fluent	Fluent
	2	Hindi	Limited	Fluent
	3			
	4			
	5			
Foreign Lang. Known	1	English	Limited	Limited
	2			
	3			

Address Details

Permanant Address	Banipu, Dibrugarh	City	Dibrugarh
	State/UT Assam	Pin Code	768,001
Present Contact Address	Same as above	City	
	State/UT	Pin Code	
	Phone (Off)	Fax	
	Phone(Res)	Mob No	970,687,495
	E-Mail (Mandatory)		

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

Qualification		Discipline		Specialization 1	
Class X					
Year	Division	CGPA	Specialization 2		
1,980					
Institution		University	Place	Country	
Khanamukh H.E School			Khonamukh		

**Experience**

Type of Posting		Level			
OTHER		Other			
Designation		Present Position			
Drafty		Regular			
Ministry		Department			
MoWR RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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 : 5/11/16 Place :

Information checked and verified - by

*Jyoti Gogoi*  
Signature of Officer

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