

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Accounts	Sub Cadre	Divisional Accountant	Id No.	will be allotted by CS Division LNB
Select List Year (Allot Year)							

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr. <input type="checkbox"/>	Kamakhya	Prasad	Boro	KPB	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	14-07-1957	Date of Retirement	31-07-2017
Community		ST <input type="checkbox"/>	Religion	Hindu <input type="checkbox"/>	
Father's Name		Lt. Krishna Kanta Boro			

Birth Details

Birth Place	Jonai	Birth State/UT	Assam <input type="checkbox"/>	Nationality	Indian
Birth District	Dhemaji	Mother Tongue	Assamese		
Domicile	Assam <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	B +ve <input type="checkbox"/>	Identification Marks	Mole on left cheek		

Marital Details

Marital Status	Married <input type="checkbox"/>	Spouse Name	Nilima Boro
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRAD <input type="checkbox"/>	Joining Date	08-06-1988	Retirement Details	31-07-2017
-----------------------	---	--------------	------------	--------------------	------------

Departmental Examination Details

	Level	Year	Rank
1	Others <input type="checkbox"/>	2012	Passed
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		

Remarks (if any)							
Language Known							
				Read	Write	Speak	
Indian Languages Known	1	Assamese		Fluent <input type="text"/>	Fluent <input type="text"/>	Fluent <input type="text"/>	
	2	Hindi		Fluent <input type="text"/>	Fluent <input type="text"/>	Fluent <input type="text"/>	
	3	Bengali		Fluent <input type="text"/>	Fluent <input type="text"/>	Fluent <input type="text"/>	
	4	Boro		Fluent <input type="text"/>	Fluent <input type="text"/>	Fluent <input type="text"/>	
	5			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Foreign Lang. Known	1	English		Fluent <input type="text"/>	Fluent <input type="text"/>	Fluent <input type="text"/>	
	2			<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3			<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address Details

Permanant Address	House No--22,Purbachal Path, Odalbakra,		City	Guwahati
	State/UT	Assam <input type="text"/>	Pin Code	781034
Present Contact Address	C/O Jalpaiguri Division, Brahmaputra Board, Pandapara.		City	Jalpaiguri
	State/UT	West Bengal <input type="text"/>	Pin Code	735101
	Phone (Off)	03561277645	Fax.	03561277645
	Phone(Res)		Mob No	9706075850
	E-Mail (Mandatory)	bbeejalpaiguri@gmail.com		

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

Qualification		Discipline		Specialization 1	
B.A		Arts		Typing	
Year		Division		Specialization 2	
1980		Simple			
Institution		University		Place	
Dhemaji Collage		Dibrugarh		Dibrugarh	
				Country	
				India	

Experience

Type of Posting		Level	
OTHER		Others (Seasonal Accountant)	
Designation		Present Position	
		Regular	
Ministry		Department	
MOWR, RD&GR		Brahmaputra Board	
Office		Place	
Jalpaiguri Division		Jalpaiguri	
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	
		From To		(in Weeks)	
				Result	
				<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: 31/08/15 Place: Jalpaiguri

Information checked and verified - by

Signature of Officer

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