

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	C	Sub Cadre		Id No.	04	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials		
	KATA	BAHADUR	GURUNG	cb29		
CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	03-09-1962	Date of Retirement	30-09-2022
Community	INDIAN		Religion	HINDU		
Father's Name	LT. NAKUL GURUNG					

Birth Details

Birth Place	CHILA PATHAR	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	DHEMAJI	Mother Tongue	NEPALI		
Domicile	ASSAM	Physically Handicap Status	PHYSICALLY FIT		
Blood Group	A GROUP	Identification Marks	ONE SMALL SPOT OF LUCK UPPER SIDE		

Marital Details

Marital Status	MARRIED	Spouse Name	MRS FUL MAYA GURUNG
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Selection Grade	Joining Date	14-09-1988	Retirement Details	30-09-2022
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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	✓	✓	✓
	2	Nepali	✓	✓	✓
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details				
Permanant Address	CHILA PATHAR P.O. CHILA PATHA PHUL BARI DIST. DHEMAJI EASTI		City DHEMAJI	
	State/UT	ASSAM	Pin Code	
Present Contact Address	NORTH GUWAHATI DIVISION B. BOARD, RUDRESWAR GUWAHATI - 30		City KAMRUP	
	State/UT	ASSAM	Pin Code	781030
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	9864367875
	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

Experience			
Type of Posting		Level	
Designation KHALASI		Present Position KHALASI	
Ministry M.O.W.R.		Department B. BOARD	
Office NORTH GUWAHATI DIVISION B. BOARD.		Place NORTH GUWAHATI	
Experience Subject		Period of Posting	
Major	Minor	From	To
		1996	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
	From	To	(in Weeks)
			<input type="radio"/> Qualified
			<input checked="" 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
			Activity Description/Remarks

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.	