

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	GRO P- C	Sub Cadre	Id No.	
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Select List Year (Allot Year)

~~198~~ 1990

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr	KESHAB	CH.	DAS	Das
CSL No / SCSL No: (if known)				

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	Date of Retirement
Community		General SC	Religion Hindu
Father's Name		Late Gobin Das	

Birth Details

Birth Place	Baicha gaon	Birth State/UT	Assam	Nationality	INDIAN
Birth District	North Lakhimpur	Mother Tongue		ASSAMESE	
Domicile	Assam	Physically Handicap Status			
Blood Group	B ₂ +ve	Identification Marks		A cut mark in middle of head.	

Marital Details

Marital Status	Married	Spouse Name	Sri Sarunmai Das
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Appointment	Joining Date	16.08.1990	Retirement Details	31-10-2022
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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	Fluent	Fluent	Fluent
	2	HINDI	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	limited
	2				
	3				

Address Details

Permanent Address

Present Contact
Address

State/UT	Assam	City	
		Pin Code	
will — Bacha gaon, P.O — pane gaon, P.S — North lakhimpur. (Assam)		City	North lakhimpur
State/UT	Assam	Pin Code	
Phone (Off)	03621 241672	Fax.	
Phone(Res)		Mob No	8399801683
E-Mail (Mandatory)			

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

Qualification H.S.L.C	Discipline	Specialization 1
Year 1983	Division 3rd	CGPA
Institution Govt. Higher Secondary North Lakhimpur.	University SEBA	Place North Lakhimpur
		Country India

Type of Posting	Level
Designation Blue printer	Other Present Position Regular
Ministry MOWR RD & GR	Department BRAHMAPUTRA BOARD
Office Rangia Division.	Place Rangia
Experience Subject Major	Period of Posting From
Minor	To 16-08-1990 Continue

Notes: 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
Sponsoring Authority	Period of Training From	Field Visit Place (within India)
	To	Duration (in Weeks)
		Result

Awards/Publications

Type of Activity : Activity Area	Academic Activity Subject	<input type="radio"/> Non Academic 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 _____

Shri Keshab Ch. Das.
Signature of Officer

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