

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | | | | |
|---------|-----|-------|--|--------------|--|--------|--|
| Service | CSS | Cadre | | Sub Cadre | | Id No. | will be allotted by CS Division. I NB |
|---------|-----|-------|--|--------------|--|--------|--|

Select List Year (Allot
Year) 2014

Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|-------|------------|-------------|----------|------------------|
| Mr. | KISHORE | KUMAR | DAS | <i>K. K. Das</i> |

CSL No./
SCSL No: (if known)

Sex Male Female Date of Birth 01/03/1990 Date of Retirement 28/02/2050

Community SC Religion Hindu

Father's Name PRABIN CHANDRA DAS

Birth Details

Birth Place DADARA Birth State/UT Assam Nationality INDIAN

Birth District KAMRUP(R) Mother Tongue ASSAMESE

Domicile Assam Physically Handicap Status N/A

Blood Group AB +ve Identification Marks CUT MARK IN LEFT LEG.

Marital Details

Marital Status Un Married Spouse Name

Spouse Nationality

Joining Details

Source of Recruitment SELECTION GRADE Joining Date 01-12-2014 Retirement Details 28 FEB. 2050

Departmental Examination Details

Level Year Rank

1

2

3

N/A

| | | | | | |
|------------------------|---|-------------|--------------|--------------|---------|
| Remarks (if any) | | | | | |
| Language Known | | | | | |
| | | Read | Write | Speak | |
| Indian Languages Known | 1 | ASSAMESE | Fluent | Fluent | Fluent |
| | 2 | HINDI | Fluent | Fluent | Fluent |
| | 3 | BENGALI | Fluent | Fluent | Limited |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Lang. Known | 1 | ENGLISH | Fluent | Fluent | Limited |
| | 2 | | | | |
| | 3 | | | | |

Address Details

| | | | | |
|-------------------------|--------------------|-----------------------------------|----------|---------------|
| Permanant Address | | VILL-DADARA, P.O-DADARA, P.S-HAJO | City | GUWAHATI |
| | State/UT | Assam | Pin Code | 781,104 |
| Present Contact Address | | VILL-DADARA, P.O-DADARA, P.S-HAJO | City | GUWAHATI |
| | State/UT | Assam | Pin Code | 781,104 |
| | Phone (Off) | | Fax. | |
| | Phone(Res) | | Mob No | 9,707,724,819 |
| | E-Mail (Mandatory) | kishorda.123@gmail.com | | |

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

| | | | | | |
|---------------------|----------|-------------------|------------------|------------------|---------|
| Qualification | | Discipline | | Specialization 1 | |
| THREE YEARS DIPLOMA | | CIVIL ENGINEERING | | | |
| Year | Division | CGPA | Specialization 2 | | |
| 2,011 | 1ST | 62.12% | | | |
| Institution | | University | | Place | Country |
| Nowgong Polytechnic | | SCTE | | Nagaon | India |

Experience

| | | | | | |
|-----------------------|--|-------------------|--|------|----|
| Type of Posting | | Level | | | |
| OTHER | | Other | | | |
| Designation | | Present Position | | | |
| JUNIOR ENGINEER | | Regular | | | |
| Ministry | | Department | | | |
| MoWR, RD & GR | | BRAHMAPUTRA BOARD | | | |
| Office | | Place | | | |
| GUWAHATI SUB-DIVISION | | Guwahati | | | |
| 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 _____

 (K. K. Das)
Signature of Officer

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