

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	CHOWKIDAR	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	Initials
Mr.	LAKHAN		DAS	L. DAS

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30.09.1958	Date of Retirement	30.09.2018
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Community

S.C.

Religion

Hindu

Father's Name

LATE - RAIHARAN DAS

## Birth Details

Birth Place	GOGAMUKH	Birth State/UT	Assam	Nationality	Indian
Birth District	DHEMAJI	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group		Identification Marks			

## Marital Details

Marital Status	MARRIED	Spouse Name	MRS. KANTI DAS
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	CHOWKIDAR	Joining Date	01.04.1982	Retirement Details	30.09.2018
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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		Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	GOGAMUKH, NA-GAON DHEMAJI		City	DHEMAJI
	State/UT	Assam	Pin Code	787034
Present Contact Address	GOGAMUKH, NA-GAON DHEMAJI		City	DHEMAJI
	State/UT	Assam	Pin Code	
	Phone (Off)	03752 232307	Fax.	
	Phone(Res)		Mob No	9613107738
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Country	
				DHEMAJI INDIA	

**Experience**

Type of Posting		Level			
OTHERS		OTHERS			
Designation		Present Position			
CHOWKIDAR		Regular			
Ministry		Department			
MOWR RD & GR		BRAHMAPUTRA BOARD			
Office		Place			
LAKHIMPUR DIVISION		NORTH LAKHIMPUR			
Experience Subject		Period of Posting			
Major		Minor		From To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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 : 17/11/2015 Place : Lakhimpur  
 Information checked and verified - by

*[Signature]*  
 Signature of Officer

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