

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		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.	Lakhi		Barman	L. B. B.

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.02.1961	Date of Retirement	31.01.2021
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Community: General Religion: Hindu

Father's Name: Late bani kanta Barman

Birth Details

Birth Place	Damarivasa	Birth State/UT	Assam	Nationality	Indian
Birth District	Golapara	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	One cut mark on left hand		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Dipti Barman
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	09.09.1983	Retirement Details	31.01.2021
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Limited	Limited
	3	Bengali	Fluent	Limited	Limited
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Bangaigaon B.T. Road		City	Bongaigaon
	State/UT	Assam	Pin Code	
Present Contact Address	Same as above		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,954,972,511
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VI					
Year	Division	CGPA	Specialization 2		
1.975					
Institution		University	Place	Country	
Gossaidubi M.E. School			Gossaidubi	India	

Experience

Type of Posting		Level			
Designation		Present Position			
Khalasi		Regular			
Ministry		Department			
MoWR RD&GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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	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 _____

L B A M Sanyal
Signature of Officer

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