

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.	LANU	KABA	AO	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	18.03.1964	Date of Retirement	31.03.2024
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Community

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Religion

Christian

Father's Name

LATE WABANGBA AO

Birth Details

Birth Place	JAPU	Birth State/UT	Nagaland	Nationality	INDIAN
Birth District	MOKOKCHUNG	Mother Tongue	AO		
Domicile	Nagaland	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	black mole on the right wrist		

Marital Details

Marital Status	Married	Spouse Name	MRS ACHILA AO
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	29-12-1986	Retirement Details	
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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	Hindi	Fluent	Limited	Limited
	2	AO NAGA	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill:JAPU, P.O.Mangkolamba Dist: MOKOKCHUNG		City	MOKOKCHUNG
	State/UT	Nagaland	Pin Code	
Present Contact Address	Dimapur Sub- Division,Brahmaputra Board, Dimapur		City	Dimapur
	State/UT	Nagaland	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,856,021,385
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification		Discipline	Specialization 1
Class-X			
Year	Division	CGPA	Specialization 2
1,982			
Institution	University	Place	Country
Mangkolamba, High School	Nagaland Board SECY, Education	MOKOKCHUNG	INDIA

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Water Resources and River Development		Ganga Rejuvenation Brahmaputra Board	
Office		Place	
Dimapur Sub-Division, Brahmaputra Board		Dimapur	
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
	From	To	Result
			<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			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 _____

Lanababa
Signature of Officer

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