

ER Sheet Data Entry Form

Basic Data OF SRI LILA RAM DAS.

Officer ID No. Details

Service	CSS	Cadre	'C'	Sub Cadre	Id No.	will be alerted by CS Division, LNB
					229	

Select List Year (Allot Year)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials
DAS	LILA		LILA	L. Das

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	19-7-56 30-12-56	Date of Retirement	30-12-2016
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Community

Ahsanabad

Religion

Hindu

Father's Name

Late
Chandra Dhar Das.

Birth Details

Birth Place	North Garub ati vi-Langa	Birth State/UT	Ahmed	Nationality	Indian
Birth District	Kanpur	Mother Tongue	Ahsanabad		
Domicile	Ahmed	Physically Handicap Status			
Blood Group	O, positive	Identification Marks	Right hand rite (mode)		

Marital Details

Marital Status	married	Spouse Name	Miss. Mayora Das
Spouse Nationality			

Joining Details

Source of Recruitment	Government Director	Joining Date	19-7-83	Retirement Details	30-12-2016
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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	Ashoknubel	✓	✓
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details			
Permanant Address	VI- Dakshin Lerga P.O. Borbaka Dib-Kamrup		City Kamrup
	State/UT	Asham	Pin Code
Present Contact Address	North Gauwahati Director B. Board		City
	State/UT		Pin Code
	Phone (Off)		Fax
	Phone(Res)		Mob No
	E-Mail (Mandatory)	38549 49397	

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
<i>CMS-VII</i>			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
<i>Khada</i>			
Designation		Present Position	
<i>Khada</i>			
Ministry		Department	
<i>Water Resource</i>			
Office		Place	
<i>North Gaunehati Division</i>			
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 _____ Signature of Officer _____

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