

## 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.	Madan		Malakar	M Malakar

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.03.1969	Date of Retirement	28.02.2029
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Community

SC

Religion

Hindu

Father's Name

Late Uttam Malakar

## Birth Details

Birth Place	Bardadhi	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup (R)	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	A cut mark on left nose		

## Marital Details

Marital Status	Married	Spouse Name	Mrs. Dipali Malakar
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	27.10.1989	Retirement Details	28.02.2029
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

marks (if any)

Language Known

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

Address Details

Permanant Address	Bardadhi		City	Guwahati
	State/UT	Assam	Pin Code	781,102
Present Contact Address	Bardadhi		City	Guwahati
	State/UT	Assam	Pin Code	781,102
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,085,420,379
	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		
1,985					
Institution		University	Place	Country	
Pachgaon High school			Hajo	India	

**Experience**

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

*Madan Malakar*  
 Signature of Officer

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