

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | | | | |
|---------|-----|-------|--|--------------|--|--------|---------------------------------------|
| Service | CSS | Cadre | | Sub Cadre | | Id No. | will be alerted by CS Division,LNB |
|---------|-----|-------|--|--------------|--|--------|---------------------------------------|

Select List Year (Allot
Year)

Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|-------|------------|-------------|----------|----------|
| Mr. | MAHENDRA | | HALOI | |

CSL No./
SCSL No: (if known)

| | | | | | | |
|---------------|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 03.06.1962 | Date of Retirement | 30.06.2022 |
| Community | General | | Religion | Hindu | | |
| Father's Name | LATE JIBAN CHANDRA HALOI | | | | | |

Birth Details

| | | | | | |
|----------------|------------|----------------------------|---------------------------------|-------------|--------|
| Birth Place | KACHARISON | Birth State/UT | Assam | Nationality | INDIAN |
| Birth District | SONITPUR | Mother Tongue | ASSAMESE | | |
| Domicile | Assam | Physically Handicap Status | | | |
| Blood Group | B +ve | Identification Marks | cut mark of nail of ring finger | | |

Marital Details

| | | | |
|--------------------|---------|-------------|-------------------|
| Marital Status | Married | Spouse Name | MRS JAYANTI HALOI |
| Spouse Nationality | INDIAN | | |

Joining Details

| | | | | | |
|-----------------------|-----|--------------|------------|--------------------|------------|
| Source of Recruitment | LDC | Joining Date | 13.03.1995 | Retirement Details | 30.06.2022 |
|-----------------------|-----|--------------|------------|--------------------|------------|

Departmental Examination Details

| | Level | Year | Rank |
|---|-------|------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Remarks (if any)

Language Known

| | | Read | Write | Speak | |
|------------------------|---|----------|--------|--------|--------|
| Indian Languages Known | 1 | HINDI | Fluent | Fluent | Fluent |
| | 2 | ASSAMESE | Fluent | Fluent | Fluent |
| | 3 | | No | No | No |
| | 4 | | | | |
| | 5 | | | | |
| Foreign Lang. Known | 1 | ENGLISH | Fluent | Fluent | Fluent |
| | 2 | | | | |
| | 3 | | | | |

Address Details

| | | | | |
|-------------------------|---|---------------|----------|---------------|
| Permanant Address | Vill: Kacharison P.O.Kacharison, Dist : Sonitpur | | City | |
| | State/UT | Assam | Pin Code | |
| Present Contact Address | Tezpur Sub- Division, Brahmaputra Board, Tezpur | | City | 784001 |
| | State/UT | Assam | Pin Code | 784,001 |
| | Phone (Off) | 3,712,252,088 | Fax. | |
| | Phone(Res) | | Mob No | 9,435,059,064 |
| | E-Mail (Mandatory) | | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|---|-------------|-----------------------------|---------|------------------|
| Qualification | | Discipline | | Specialization 1 |
| B.A | | L.O.K.D. College, Dhekajuli | | |
| Year | Division | CGPA | | Specialization 2 |
| 1,987 | simple pass | | | |
| Institution | University | Place | Country | |
| L.O.K.D. College, Dhekajuli | Guwahati | Dhekajuli | India | |

| Experience | | | |
|--|-------|------------------------|----------|
| Type of Posting | | Level | |
| CADRE | | | |
| Designation | | Present Position | |
| LDC | | Regular | |
| Ministry | | Department | |
| Water Resources River Development | | and Ganga Rejuvenation | |
| Office | | Place | |
| Nagaon Division, Brahmaputra Board, Nagaon | | Nagaon | |
| Experience Subject | | Period of Posting | |
| Major | Minor | From | To |
| B.A | | 13.03.1995 | Continue |

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

| Training | | | |
|----------------------|-----------------------|---------------------|---|
| Training Year | Training Name | | Training Subject |
| 1,996 | HINDI | | HINDI |
| Level | Institute Name, Place | Field Visit Country | Field Visit Place (within India) |
| | Brahmaputra Board | | Guwahati |
| Sponsoring Authority | Period of Training | | Duration |
| Brahmaputra Board | From | To | (in Weeks) |
| | | | 1(weeks) |
| | | | <input checked="" 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 |
| | | | |
| | | | |

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 : *Tezpur*

Information checked and verified - by _____

M. H. Laloi
(MAHENDRA HALOI)
Signature of Officer

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