

EN Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Sub Grade	Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Surname	Initials
Mr.	Mahendra		Kalita	M. Kalita

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	23.03.1985	Date of Retirement	31.03.2025
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Community	General	Religion	Hindu
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Father's Name	Late Krishna Karfa Kalita
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Birth Details

Birth Place	Bhakatpara	Birth State/UT	Assam	Nationality	Indian
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Birth District	Goalpara	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status
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Blood Group	O +ve	Identification Marks	one black spot on back side
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Premada Kalita
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	Joining Date	20.03.1985	Retirement Details	31.03.2025
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Departmental Examination Details

Sl. No.	Level	Year	Score
1			
2			
3			

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details					
Permanant Address		Bhakatpara		City	Guwahati
		State/UT	Assam	Pin Code	
Present Contact Address		Same as above		City	Guwahati
		State/UT		Pin Code	
		Phone (Off)		Fax	
		Phone (Res)		Mo/No	9435047388
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for more than 10 qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
Class VIII					
Year	Division	CGPA		Specialization 2	
1,982					
Institution		University	Place	Country	
Balbala H.E Schoolhi			Balbala	India	

Experience					
Type of Posting			Level		
OTHER			Other		
Designation			Present Position		
			Regular		
Ministry			Department		
MoWR RD & GR, GOI			Branch/para Board		
Office			Place		
Guwahati Division			Barakula		
Experience Subject			Year 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 given through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : 09/11/15
 Information checked and verified - by

Signature of Officer
 - M. Kalita

Section Officer	Ministry/Department	
E-mail Id	Room No.	(Building Name)
Phone No.	Fax No.	