

## 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
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Select List Year (Allot Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
MR	MAHESWAR		BARMAN	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	Date of Retirement	
		30-5-1957	31-5-2017	
Community		OBC	Religion	HINDU
Father's Name		LATE GOPAL CHANDRA BARMAN		

## Birth Details

Birth Place	NATHKUCHI	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status	YES		
Blood Group	B(+)	Identification Marks	MODERATE DEFORMITY OF LEFT LOWER LIMB		

## Marital Details

Marital Status	MARRIED	Spouse Name	KUSUM BARMAN
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	14.12.1989	Retirement Details	31-5-2017
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Books (if any)

Language Known

Read

Write

Speak

		Read	Write	Speak
Indian Languages Known	1	ASSAMESE	FLUENT	FLUENT
	2	HINDI	LIMITED	LIMITED
	3			
	4			
	5			
Foreign Lang. Known	1	ENGLISH	LIMITED	LIMITED
	2			
	3			

**Address Details**

Permanent Address	viii - Nath Kochi II PO - Nath Kochi I		City	NALBARI
	State/UT		Pin Code	
Present Contact Address	Brahmaputra Board, Complex, Nalbari Division		City	NALBARI
	State/UT	ASSAM	Pin Code	781337
	Phone (Off)		Fax.	NIL
	Phone (Res)		Mob No	NIL
	E-Mail (Mandatory)	NIL		

Education (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
IX					
Year	Division		CGPA	Specialization 2	
Institution		University		Place	Country

**Experience**

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
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 \_\_\_\_\_

*Maheshwar B...*  
Signature of Officer

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