

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. | Manindra | Nath | Kakati | <i>M.N-140</i> |

CSL No./
SCSL No: (if known)

| | | | | | | |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 01.05.1965 | Date of Retirement | 30.04.2025 |
|-----|---------------------------------------|------------------------------|---------------|------------|--------------------|------------|

Community

OBC

Religion

Hindu

Father's Name

Late D.ani Ram Saloi

Birth Details

| | | | | | |
|----------------|------------|----------------------------|-----------------|-------------|--------|
| Birth Place | Alipub | Birth State/UT | Assam | Nationality | Indian |
| Birth District | Kamrup (R) | Mother Tongue | Assamese | | |
| Domicile | Assam | Physically Handicap Status | | | |
| Blood Group | O +ve | Identification Marks | Left finger cut | | |

Marital Details

| | | | |
|--------------------|---------|-------------|-------------------|
| Marital Status | Married | Spouse Name | Mrs. Padma kakati |
| Spouse Nationality | Indian | | |

Joining Details

| | | | | | |
|-----------------------|--|--------------|------------|--------------------|------------|
| Source of Recruitment | | Joining Date | 01.09.1989 | Retirement Details | 30.04.2025 |
|-----------------------|--|--------------|------------|--------------------|------------|

Departmental Examination Details

| Level | Year | Rank |
|-------|------|------|
| 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 | Limited |
| | 2 | | | | |
| | 3 | | | | |

Address Details

| | | | | |
|-------------------------|-----------------------------------|-------|----------|---------------|
| Permanant Address | Vill-Alipub, P.O- Baihatachariali | | City | |
| | State/UT | Assam | Pin Code | |
| Present Contact Address | Barsajai Bikash Nagar | | City | Guwahati |
| | State/UT | Assam | Pin Code | 781,028 |
| | Phone (Off) | | Fax. | |
| | Phone(Res) | | Mob No | 9,706,149,604 |
| | E-Mail (Mandatory) | | | |

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

| | | | | | |
|-------------------|----------|------------|--|------------------|---------|
| Qualification | | Discipline | | Specialization 1 | |
| P.U (Arts) | | | | | |
| Year | Division | CGPA | | Specialization 2 | |
| 1,987 | | | | | |
| Institution | | University | | Place | Country |
| Puthimari College | | Guwahati | | Guwahati | India |

Experience

| | | | | | |
|--------------------|-------|-------------------|----|--|--|
| Type of Posting | | Level | | | |
| | | LDC | | | |
| Designation | | Present Position | | | |
| LDC | | Regular | | | |
| Ministry | | Department | | | |
| MoWR RD&GR, GOI | | Brahmaputra Board | | | |
| Office | | Place | | | |
| Guwahati Division | | Basistha | | | |
| 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 _____

Mansindran Nath Kalanti
Signature of Officer

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