

## 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.	MANTU	CHANDRA	KALITA		

CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	13.08.1956	Date of Retirement	31.08.2016

Community	General	Religion	Hindu
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Father's Name	LATE NANI GOPAL KALITA
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#### Birth Details

Birth Place	GUWAHATI	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	KAMRUP	Mother Tongue	ASSAMESE
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Domicile	Assam	Physically Handicap Status	
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Blood Group	O -ve	Identification Marks	Tick mark on fore head
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#### Marital Details

Marital Status	Un Married	Spouse Name	Does not arise
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Spouse Nationality	Does not arise
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#### Joining Details

Source of Recruitment	LDC	Joining Date	02.08.1984	Retirement Details	
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#### Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known
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		Read	Write	Speak	
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Fluent	Fluent	Fluent
	3	BANGALI	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Fluent
	2				
	3				

**Address Details**

Permanant Address	Vill: Udalguri, P.O.Udalguri Dist : Udalguri, Assam		City	Udalguri
	State/UT	Assam	Pin Code	784,009
Present Contact Address	NAGAON DIVISION, BRAHMAPUTRA BOARD		City	NAGAON
	State/UT	Assam	Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	
	Phone(Res)		Mob No	9,435,236,625
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
B.A					
Year	Division	CGPA		Specialization 2	
1,978	SMPL				
Institution		University		Place	
COTTON COLLEGE		GUWAHATI		GUWAHATI	
				Country	
				INDIA	

**Experience**

Type of Posting		Level			
		LDC			
Designation		Present Position			
LDC					
Ministry		Department			
Water Resources & Ganga Rejuvenation		Brahmaputra Board			
Office		Place			
Nagaon Division, Brahmaputra Board		Nagaon			
Experience Subject		Period of Posting			
Major		Minor		From	
				To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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	
		From		( in Weeks)	
		To			
				Result	
				<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

*Mantu Ch. Khatun*  
Signature of Officer

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