

## 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
Mrs	Menaka		Das	मेनका दास

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	01.12.1965	Date of Retirement	30.11.2025
Community		S/c.		Religion	Hindu	

Father's Name  
Lata Samadish Das

## Birth Details

Birth Place	Mathmoula	Birth State/UT	West Bengal	Nationality	Indian
Birth District	Birbhum	Mother Tongue		Bengali	
Domicile	West Bengal	Physically Handicap Status			
Blood Group	A +ve	Identification Marks			

## Marital Details

Marital Status	Married	Spouse Name	Late Kanu ram das
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	01.07.2005	Retirement Details	30.11.2025
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)

**Language Known**

			<b>Read</b>	<b>Write</b>	<b>Speak</b>
Indian Languages Known	1	Bengali	Fluent	Fluent	Fluent
	2	Assamese	Limited	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

**Address Details**

Permanant Address	Prachim Jahini, P.O.- Palua		City	W. Bengal
	State/UT	West Bengal	Pin Code	
Present Contact Address	Chandra Choudhury Path		City	Guwahati
	State/UT	Assam	Pin Code	781,028
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,613,293,268
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VI					
Year	Division	CGPA	Specialization 2		
1,987					
Institution		University	Place	Country	
Kamakhya G. M. E. School			Pachim Jorhat	India	

**Experience**

Type of Posting		Level			
Designation		Present Position			
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	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 : 5/11/15

Place :

Information checked and verified - by

গোবিন্দা দাস

Signature of Officer

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