

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.	MINA	RAM	BARUAH	

CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	10.01.1960	Date of Retirement	31.01.2020

Community	OBC	Religion	Hindu
Father's Name	LATE BHUGESWAR BARUAH		

Birth Details

Birth Place	PUB GURIMARI	Birth State/UT	Assam	Nationality	INDIAN
Birth District	NAGAON	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	ONE CUTMARK on LEFT 		

Marital Details

Marital Status	Married	Spouse Name	MRS RUMI BARUAH
Spouse Nationality			

Joining Details

Source of Recruitment		Joining Date	05.01.1987	Retirement Details	31.01.2020
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill: Putani Gumuta Gaon Dist: Nagaon		City	Nagaon
	State/UT	Assam	Pin Code	7,821,002
Present Contact Address	Vill: Putani Gumuta Gaon Dist: Nagaon		City	Nagaon
	State/UT	Assam	Pin Code	7,821,002
	Phone (Off)	3,762,254,923	Fax.	
	Phone(Res)		Mob No	9,954,450,622
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
CLASS-X					
Year	Division	CGPA	Specialization 2		
1,981					
Institution		University	Place	Country	
BAHAKABARI HIGH SCHOOL				INDIA	

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
OF WATER RESOURCES RIVER DEVELOPMENT		BRAHMAPUTRA BOARD			
Office		Place			
NAGAON SUB-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 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 _____

M Baruah
Signature of Officer
Mina Rom Baruah

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