

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
	MOHAN	CHANDRA	GOGOI	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	23-02-1963	Date of Retirement	28-02-23
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Community

Religion

HINDU

Father's Name

LATE · BADAN GH. GOGOI

Birth Details

Birth Place	CHARIMARIA	Birth State/UT		Nationality	Indian
Birth District	LAKHIMPU	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +v	Identification Marks	one CWA mark of Right Leg.		

Marital Details

Marital Status	Married	Spouse Name	MRS NIJAYA GOGOI
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	6-6-1981	Retirement Details	28-02-2023
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Assamese	Assamese	Assamese	Fluently
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		VILL & PO = Chareimaria Dist - Lakhimpur		City	
		State/UT	ASSAM	Pin Code	787001
Present Contact Address		Bhelāpara - Banipath By lane No. 3, H.NO. 26		City	Guwahati Assam.
		State/UT		Pin Code	
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9854732014
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Read upto VIII Passed			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation		Present Position	
DRIVER			
Ministry		Department	
		Brahmaputra Board	
Office		Place	
North Guwahati Circle		North Guwahati	
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
	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			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 : Guwahati

Information checked and verified - by _____

Mohan Ch. Jha
Signature of Officer

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