

ER Sheet Data Entry Form

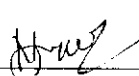
Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Mor	Bahadur	Newar	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	31.08.1956	Date of Retirement
				31.08.2016
Community		General	Religion	Hindu
Father's Name		Late Tek Bahadur Newar		

Birth Details

Birth Place	Ambikapur	Birth State/UT	Assam	Nationality	Indian
Birth District	Tinsukia	Mother Tongue		Bengali Assamese	
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	Cut mark over the mouth		

Marital Details

Marital Status	Married	Spouse Name	Manika Newar
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	31.03.1985	Retirement Details	31.08.2016
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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	Bengali	Fluent	Fluent	Fluent
	2	Assamese	Fluent	Fluent	Fluent
	3	Hindi	Fluent	Limited	Fluent
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill-Bagibil, P.O. Bagibil, Dist- Dibrugarh		City	
	State/UT	Assam	Pin Code	786,004
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,401,140,622
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class-IX					
Year	Division	CGPA	Specialization 2		
1,972					
Institution		University		Place	Country
Pengeree H.E. School					Indian

Experience

Type of Posting		Level			
OTHER					
Designation		Present Position			
		Regular			
Ministry		Department			
MoWR RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati		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 _____


Signature of Officer

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