

ER Sheet Data Entry Form

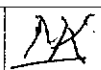
Basic Data

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.	Mukul		Kalita	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31.12.1964	Date of Retirement	31.12.2024
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Community	General	Religion	Hindu
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Father's Name	Late Tiken Kalita
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Birth Details

Birth Place	Mujkari	Birth State/UT	Assam	Nationality	Indian
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Birth District	Goalpara	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	AB +ve	Identification Marks	A cut mark on right hand
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Khanima Kalita
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	15.05.1984	Retirement Details	31.12.2024
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

marks (if any)

Language Known

			Read	Write	Speak
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Vill-Mujkari, P.O.- Upartolauria		City	Dudhnai
	State/UT	Assam	Pin Code	783,124
Present Contact Address	Same as above		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,854,364,154
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VIII					
Year	Division	CGPA	Specialization 2		
Institution		University	Place	Country	
MALAKAT HIGH SCHOOL JOKHAT, ASSAM			Jorhat	India	

Experience			
Type of Posting		Level	
Designation		Present Position	
P/SC/Kh/Sci		Regular	
Ministry		Department	
MoWR RS & 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

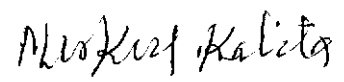
Training				
Training Year	Training Name		Training Subject	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result
	From	To	(in Weeks)	<input type="radio"/> Qualified
				<input type="radio"/> Not Qualified

Awards/Publications			
Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	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.	