

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre	M.L.Driver	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.	Nagen		Das	N.Das	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	14.01.1960	Date of Retirement	31.01.2020
Community		SC	Religion	Hindu	
Father's Name		Late Banamali Das			

## Birth Details

Birth Place	Golaghat	Birth State/UT	Assam	Nationality	Indian
Birth District	Golaghat	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks			

## Marital Details

Marital Status	Married	Spouse Name	Mrs.Jamuna Das
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	25.03.1985	Retirement Details	31.01.2020
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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	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	Rajabari Barchapori Bagicha Gaon, Po.- Lakhowian Dist-Golaghat	City	Golaghat	
	State/UT	Assam	Pin Code	785612
Present Contact Address	Rajabari Barchapori BagichaGaon,P.O.- <del>Lakhowian Dist-Golaghat (Assam)</del>	City	Golaghat	
	State/UT	Assam	Pin Code	785612
	Phone (Off)	03725-232307	Fax.	
	Phone(Res)	7896360490	Mob No	7896360490
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class X		SEBA			
Year	Division	CGPA	Specialization 2		
1976					
Institution		University		Place	Country
Kuruyabahi High School		Board	Golaghat	Indian	

**Experience**

Type of Posting		Level			
OTHER		Other			
Designation		Present Position			
		Regular			
Ministry		Department			
MOWR RD & GR		Brahmaputra Board			
Office		Place			
Lakhimpur Division		North Lakhimpur			
Experience Subject		Period of Posting			
Major		Minor	From	To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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 \_\_\_\_\_

*Hayon Das*  
Signature of Officer

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