

ER Sheet Data Entry Form

Basic Data OF SRINAGEN PATGIRI

Officer ID No. Details

Service	CSS	Cadre	ASST. Driller	Sub Cadre	Technical.	Id No.	496	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

1978

Name Details

Title	First Name	Middle Name	Sur Name	Initials
PATGIRI	NAGEN		NAGEN	Patgiri

 CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	1-11-1958	Date of Retirement	31-10-2018
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Community

ASSAMESE

Religion

HINDUISM.

Father's Name

Late Uma Kantā Patgiri.

Birth Details

Birth Place	Barbang (Jampur)	Birth State/UT	Assam	Nationality	Indian
Birth District	Barpeta	Mother Tongue	Assamese.		
Domicile	Assam.	Physically Handicap Status			
Blood Group	O+	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mrs Lalita Patgiri.
Spouse Nationality	Indian.		

Joining Details

Source of Recruitment	DIC Dehary mt circle.	Joining Date	12.10.1978	Retirement Details	31.10.2018
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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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanant Address	Vill- Barbing (ganpan) P.O. Barbing Dist- Barpeta.		City	Pathsala
	State/UT	ASSAM	Pin Code	781325
Present Contact Address			City	Pathsala.
	State/UT	Assam.	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9508098462
E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
1976					
Institution		University		Place	
Country					

Experience

Type of Posting		Level			
Designation		Present Position			
ASST. Driver		ASST. Driver,			
Ministry		Department			
M.O. W.R. Govt of India,		Brahmaputra Board,			
Office		Place			
North Guwahati Division,		Rudreswar Ghy. 30,			
Experience Subject		Period of Posting			
Major		Minor		From	
ASST. Driver					
				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	
Sponsoring Authority		Period of Training		Duration	
Brahmaputra Board,		From To		(in Weeks)	
				Result	
				<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 _____

Signature of Officer

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