

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.	Nalini	Kumar	Deka	N.K.Deka

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.07.1964	Date of Retirement	30.06.2024
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Community	General	Religion	Hindu
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Father's Name
Late Mahendra Nath Deka

Birth Details

Birth Place	Bama	Birth State/UT	Assam	Nationality	Indian
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Birth District	Kamrup (R)	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	A mole middle of neck
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Marital Details

Marital Status	Married	Spouse Name	Mrs. Niroda Kalita
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Spouse Nationality
Indian

Joining Details

Source of Recruitment		Joining Date	121.01.1984	Retirement Details	30.06.2024
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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	Limited	Limited	Limited
	3	Bengali	Limited	Limited	Limited
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Bama, P.O. Karara, Baihata		City	
	State/UT	Assam	Pin Code	781,381
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,864,976.817
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC					
Year	Division	CGPA	Specialization 2		
1,980	II				
Institution		University	Place	Country	
Karara High School		SEBA		India	

Experience

Type of Posting		Level			
Designation		Present Position			
KHALASI		Regular			
Ministry		Department			
MoWR RD&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 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	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 _____

Valine K. Deka
Signature of Officer

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