

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	GR-IV	Sub Cadre	Driver	Id No.	will be allotted by CS Division LNB
Select List Year (Allot Year)							641(2012)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	NS
Mr. <input type="text" value=""/>	Nil Ratan		Sinha	NS	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	31-05-1960	Date of Retirement	31-05-2020
Community		OBC <input type="text" value=""/>	Religion	Hindu <input type="text" value=""/>	
Father's Name		Sena Sinha			

Birth Details

Birth Place	Bhakatpur	Birth State/UT	Assam <input type="text" value=""/>	Nationality	Indian
Birth District	Cachar	Mother Tongue		Bangla	
Domicile	Assam <input type="text" value=""/>	Physically Handicap Status		<input type="text" value=""/>	
Blood Group	A +ve <input type="text" value=""/>	Identification Marks		Black mole on left hand.	

Marital Details

Marital Status	Married <input type="text" value=""/>	Spouse Name	Bhanu mati Sinha
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	SELECTION GRAD <input type="text" value=""/>	Joining Date	04-05-1987	Retirement Details	31-05-2020
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Departmental Examination Details

	Level	Year	Rank
1	<input type="text" value=""/>		
2	<input type="text" value=""/>		
3	<input type="text" value=""/>		

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assemese	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	Bengali	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	3	Hindi	Limited <input type="checkbox"/>	Limited <input type="checkbox"/>	Limited <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"/>	
	2		<input type="checkbox"/>	<input type="checkbox"/>	
	3		<input type="checkbox"/>	<input type="checkbox"/>	

Address Details

Permanant Address

Vill+PO- Bhakatpur.	City	Silchar	
State/UT	Assam <input type="checkbox"/>	Pin Code	788005

Present Contact Address

C/O - Jalpaiguri Division, Pandapara	City	Jalpaiguri	
State/UT	West Bengal <input type="checkbox"/>	Pin Code	735101
Phone (Off)	03561277645	Fax.	
Phone(Res)		Mob No	9706077429
E-Mail (Mandatory)	bbeejalpaiguri@gmail.com		

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

Qualification		Discipline		Specialization 1
IX				
Year	Division	CGPA	Specialization 2	
1974	Passed			
Institution	University	Place	Country	
Chenkuri Bagan H. School		Chenkuri	India	

Experience

Type of Posting		Level	
OTHER	<input type="checkbox"/> Other	<input type="checkbox"/>	
Designation		Present Position	
<input type="checkbox"/>		Regular <input type="checkbox"/>	
Ministry		Department	
MOWR, RD&GR		Brahmaputra Board	
Office		Place	
Jalpaiguri Division		Jalpaiguri	
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 <input type="checkbox"/>	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 <input type="checkbox"/>
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 : 31/8/2015 Place : Jalpaiguri

Information checked and verified - by

Nil Ratan Sinha
Signature of Officer

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