

ER Sheet Data Entry Form

Basic Data

Officer No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)	1988
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Name Details

Title	First Name	Middle Name	Sur Name
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HAZARIKA NIREN

Initials

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31/7/1963	Date of Retirement	31/6/2023
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Community

Assamese

Religion

Hindu

Father's Name

Let Junai Hazarika

Birth Details

Birth Place	Majuli	Birth State/UT	Assam	Nationality	Indian
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Birth District	Jorhat	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	"B" +	Identification Marks	Right leg on cutmark
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Marital Details

Marital Status	Married	Spouse Name	Mrs Dipa Hazarika
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	Brahmaputra Board	Joining Date	1 / 1 / 1988	Retirement Details	
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Departmental Examination Details

Level	Year	Rank
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1		
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2		
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3		
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Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
IX Year		Division		CGPA	
				Specialization 2	

Institution		University		Place		Country	
Kalakshya High school		Seba		Dibrugarh		India	

Experience			
Type of Posting		Level	
Side work			
Designation		Present Position	
Khalari		Khalari	
Ministry		Department	
MORR RD & GR		Brahmaputra Board	
Office		Place	
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	
Sponsoring Authority		Period of Training		Duration	
		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 _____

Nirman Hazarika
Signature of Officer

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

Remarks (if any)					
Language Known					
			Read	Write	Speak
Indian Languages Known	1	Assame	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address	village-Banipur Tinali P.O. Banipur		City	Dibrughar	
	State/UT	Assam	Pin Code		
Present Contact Address	Majuli Division Brahmaputra Boaref		City		
	State/UT	Assam	Pin Code	785106	
	Phone (Off)		Fax.		
	Phone(Res)		Mob No	8134816077	
	E-Mail (Mandatory)				

Nizam Hazaria