

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.	NIRMAL		DAS	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	20.04.1971	Date of Retirement	30.04.2031
Community	General		Religion	Hindu		

Father's Name
LATE AMULY DAS

Birth Details

Birth Place	GUWAHATI	Birth State/UT	Assam	Nationality	INDIAN
Birth District	KAMRUP	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	Black spot on upper chest		

Marital Details

Marital Status	Married	Spouse Name	Mrs Sunita Rani Devi Das
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	04.11.1989	Retirement Details	
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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	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Vill: Hatigaon		City	Guwahati
	State/UT	Assam	Pin Code	781,006
Present Contact Address	Nagaon Division, Brahmaputra Board, Nagaon		City	Nagaon
	State/UT	Assam	Pin Code	782,003
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,864,376,751
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Read up to Class-VIII					
Year	Division	CGPA	Specialization 2		
1,989					
Institution		University	Place	Country	
Hatigaon HS. School		SEBA	Guwahati	India	

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Water Resources & Ganga Rejuvenation		Brahmaputra Board			
Office		Place			
Nagaon Division, Brahmaputra Board		Nagaon			
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	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

Vinayal Das

Signature of Officer

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