

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	CLERK	Sub Cadre	LDC-CUM-TYPIST	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.	NIRENDRA		BARMAN	N. Barman	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.01.1964	Date of Retirement	31.12.2023
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Community

General

Religion

Hindu

Father's Name

LATE GAJI RAM BARMAN

Birth Details

Birth Place	BARTALA	Birth State/UT	Assam	Nationality	INDIAN
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Birth District	NALBARI	Mother Tongue	ASSAMESE
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Domicile	Assam	Physically Handicap Status	Physically Handicapped
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Blood Group	O +ve	Identification Marks	LEFT EYE BLIND
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Marital Details

Marital Status	Married	Spouse Name	DULU DEKA BARMAN
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment		Joining Date	24.12.1990	Retirement Details	31.12.2023
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

			Read	Write	Speak
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	<i>Limited</i>
	2				
	3				

Address Details

Permanant Address	Vill: & P.O: BARTALA, P.S:MUKALMUA		City	NALBARI
	State/UT	Assam	Pin Code	781,138
Present Contact Address	BRAHMAPUTRA BOARD		City	GUWAHATI
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,707,286,772
	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	
1,983	3RD				
Institution		University		Place	Country
BARTALA HIGH SCHOOL				BARTALA	

Experience

Type of Posting		Level			
Designation		Present Position			
LDC		Regular			
Ministry		Department			
MOWR, RD & GR		Brahmaputra Board			
Office		Place			
Secretariat		Guwahati			
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 : 09/09/2015 Place : Guwahati

Information checked and verified - by

Sri Nirendra Barman

Signature of Officer

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