

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre 'C'	Sub Cadre	'C'	Id No.	486	will be alerted by CS Division, LNB
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Select List Year (Allot
Year)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials
SAIKIA	PADMA	NATH	SAIKIA.	A

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-01-1984	Date of Retirement	2024
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Community

INDIAN

Religion

HINDU

Father's Name

LT. SUREN SAIKIA.

Birth Details

Birth Place	JORHAT.	Birth State/UT	ASSAM	Nationality	INDIAN.
Birth District	JORHAT.	Mother Tongue	ASSAMISE		
Domicile	ASSAM	Physically Handicap Status	PHYSICALLY FIT.		
Blood Group	'O' POSITIVE	Identification Marks	ONE SMALL SPOT OF UPPER SIDE LEFT HAND.		

Marital Details

Marital Status	MARRIED	Spouse Name	LT. MUNU SAIKIA.
Spouse Nationality	INDIAN.		

Joining Details

Source of Recruitment	Selection Grade	Joining Date	09-11-1983	Retirement Details	2024
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Departmental Examination Details

	Level	Year	Rank
1	/	/	/
2	/	/	/
3	/	/	/

Remarks (if any)

Language Known

		Road	Write	Speak
Indian Languages Known	1	Assamese	Assamese	Assamese
	2	English	English	English
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	VILL. S P.O. KAWBI MARI GOHAIN GOAN DIST. JORHAT ASSAM		City JORHAT	
	State/UT		Pin Code	
Present Contact Address	LALUNG GAON MASULI PARA P.O. KHOWKUCHI LAKHARA. DIST. KAMRUP ASSAM		City GOWAHATI	
	State/UT	ASSAM	Pin Code	781040
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9085724234
	E-Mail (Mandatory)			

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

Qualification H.S.H.C	Discipline		Specialization 1
Year 1983	Division 3RD DIVISION.	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level		
Designation	Present Position		
Ministry	Department		
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	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

Signature of Officer

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