

ER Sheet Data Entry Form

Basic Data

Officer ID 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)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Pradip		Barman	<i>P. Barman</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.09.1959	Date of Retirement	31.08.2019
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Community

General

Religion

Hindu

Father's Name

Lata Suva Ram Barman

Birth Details

Birth Place	Kakaya	Birth State/UT	Assam	Nationality	Indian
Birth District	Nalbari	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	Cut mark on nose		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Ritamoni Barman
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	21.01.1983	Retirement Details	31.08.2019
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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	Bengali	Fluent	Fluent	Limited
	4				
	5				
Foreign Lang. Known	1	English	Fluent		Limited
	2				
	3				

Address Details

Permanant Address	Junikipur, Mirza		City	Mirza
	State/UT	Assam	Pin Code	781,125
Present Contact Address	Same as above		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	8,486,160,912
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
VIII					
Year	Division		CGPA	Specialization 2	
1,977					
Institution		University		Place	Country

Experience			
Type of Posting		Level	
Designation		Present Position	
		Regular	
Ministry		Department	
MoWR RD&GR, GOI		Brahmaputra Board	
Office		Place	
Guwahati Division		Basistha	
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.	