

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Khalasi	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		Gogoi	P.Gogoi	

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.09.1957	Date of Retirement	31.08.2017
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Community	OBC	Religion	Hindu
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Father's Name	Late Lakheswar Gogoi
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Birth Details

Birth Place	Gogamukh	Birth State/UT	Assam	Nationality	Indian
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Birth District	Dhemaji	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	
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Marital Details

Marital Status	Married	Spouse Name	Mrs.Sawarna Gogoi
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	Khalasi	Joining Date	20.05.1977	Retirement Details	31.08.2017
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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	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	Gogamukh, Po.-Gogamukh,Dist-Dhemaji		City	Dhemaji
	State/UT	Assam	Pin Code	787034
Present Contact Address	Gogamukh,P.O-Gogamukh,Dist-Dhemaji		City	Dhemaji
	State/UT		Pin Code	787034
	Phone (Off)	03752-232307	Fax.	
	Phone(Res)	8136019800	Mob No	8136019800
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
VIII		SEBA			
Year		Division		CGPA	
Institution		University		Place	
Sri Lorgaon High School Demaji, Assam				Dhemaji	
				India	

Experience

Type of Posting		Level			
OTHER		Other			
Designation		Present Position			
Khalasi		Regular			
Ministry		Department			
MOWR RD & GR		Brahmaputra Board			
Office		Place			
Lakhimpur Division		North Lakhimpur			
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	
		From		(in Weeks)	
		To		<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		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 _____

pratik gopi

Signature of Officer

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