

ER Sheet Data Entry Form

Basic Data			
Officer ID No. Details			
Service	CSS	Cadre	Sub-Cadre
		SECTION ASSISTANT	
Select List Year (Allot Year)		1984.	
Name Details			
Title	First Name	Middle Name	Sur Name
SHRI	PROBIN	CHANDRA	HAZARIKA.
CSL No./SCSL No: (if known)			Initials P.C. HAZARIKA
Sex	Male	Female	Date of Birth
	<input checked="" type="radio"/>	<input type="radio"/>	22-04-1963.
Date of Retirement		21-04-2023	
Community		Religion	
O.B.C.		HINDU	
Father's Name			
LT. JOYRAM HAZARIKA.			
Birth Details			
Birth Place	Birth State/UT	Nationality	
SALMARA MAJULI	ASSAM.	INDIAN.	
Birth District	Mother Tongue	ASSAMESE	
JORHAT			
Domicile	Physically Handicap Status		
ASSAM.			
Blood Group	Identification Marks		
AB+ve	ONE CUT MARK AT RIGHT LEG.		
Marital Details			
Marital Status	Spouse Name		
MARRIED	MRS MINA HAZARIKA.		
Spouse Nationality	INDIAN		
Joining Details			
Source of Recruitment	Joining Date	Retirement Details	
	21-01-1984	21-04-2023.	
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	SALMARA P.O. (MAJULI.)		City	JORHAT.
	State/UT	ASSAM.	Pin Code	785110
Present Contact Address	SARBAI BANDHA, KRISHNA NAGAR		City	JORHAT.
	State/UT	ASSAM.	Pin Code	785001.
	Phone (Off)	03775273698	Fax.	
	Phone(Res)		Mob No	09435276098.
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
H.S.L.C.					
Year	Division		CGPA	Specialization 2	
1980	COMPT.				
Institution		University		Place	Country
MAJULI P.H.C. HIGH SCHOOL.				KAMALABARI	INDIA.

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
MOWR, RDX GR		BRAHMAPUTRA BOARD.	
Office		Place	
MAJULI SUB-DIVISION - II		KAMALA BARI, MAJULI	
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.	