

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.	Puna	Ram	Gogoi	<i>Puna Ram Gogoi</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	19.08.1960	Date of Retirement	31.08.2020
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Community	OBC	Religion	Hindu
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Father's Name	Sri Bhola Nath Gogoi
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Birth Details

Birth Place	Dibrugarh	Birth State/UT	Assam	Nationality	Indian
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Birth District	Dibrugarh	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	One mole on right ear
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Marital Details

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

Source of Recruitment		Joining Date	09.08.1983	Retirement Details	31.08.2020
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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	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	Dibrugarg, Khalihamari		City	Dibrugarh
	State/UT	Assam	Pin Code	786,001
Present Contact Address	Brahmaputra Board, Guwahati Division		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,435,331,706
	E-Mail (Mandatory)	Punaramgogoi54@gmali.com		

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

Qualification		Discipline		Specialization 1	
Three years diploma		Civil Engineering			
Year	Division	CGPA		Specialization 2	
1,981					
Institution		University		Place	Country
Dibrugarh Polytechnic		DTE			India

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
MoWR RD &GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha, 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	Level
Activity Description/Remarks			

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 _____

Puna Ram Gogoi
Signature of Officer

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