

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details

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

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Punnya	Prasad	Sarma	<i>Punnya</i>

CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	30.11.1964	Date of Retirement	30.11.2024

Community	General	Religion	Hindu
Father's Name	Late Nandalal Sarma		

## Birth Details

Birth Place	Golia Arabar	Birth State/UT	Assam	Nationality	Indian
Birth District	Sonitpur	Mother Tongue	Nepali		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	one cut mark near right eye		

## Marital Details

Marital Status	Married	Spouse Name	Mrs. Kamala Sarma
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	09.12.1983	Retirement Details	30.11.2024
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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
	2	Hindi	Fluent	Fluent
	3	Nepali	Fluent	
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill- Gola Arabari, P.O.- Pani Bharal		City	Biswanath Chariali
	State/UT	Assam	Pin Code	784,176
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,401,952.077
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class III					
Year	Division	CGPA	Specialization 2		
1,974					
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	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

  
Signature of Officer

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