

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Office Chowkidar	Sub Cadre	Office Chowkidar	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.	PURNANANDA		DAS	P. Das

 CSL No./
 SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.03.1962	Date of Retirement	28th Feb'2022
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Community

SC

Religion

Hindu

Father's Name

Late Manmohan Das

Birth Details

Birth Place	Kowaimari	Birth State/UT	Assam	Nationality	Indian
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Birth District	Jorhat	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	One spot mark in left cheek
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Marital Details

Marital Status	Married	Spouse Name	Boleswari Das
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	9th Nov'1983	Retirement Details	28.02.2022 31st May'2022
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known	
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		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Kowoimai Gohain gaon, P.S: Ti yak		City	Jorhat
	State/UT	Assam	Pin Code	785,683
Present Contact Address	Brahmaputra Board, Basistha,		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax	
	Phone(Res)		Mob No	8,254,989,117
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Class 8th passed					
Year	Division		CGPA	Specialization 2	
1,977					
Institution		University		Place	Country
Ouguri High School				Kowoimai Gohaingaon	India

Experience			
Type of Posting		Level	
Designation		Present Position	
o/c		Regular	
Ministry		Department	
MOWR, RD & GR		Brahmaputra Board	
Office		Place	
Secretariat		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
	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 14.09.2015 Place: GUWAHATI

Information checked and verified - by _____ Signature of Officer

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