

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
Mrs	PURNIMA		DEKA	

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	01.03.1957	Date of Retirement	28.02.2017
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Community

General

Religion

Hindu

Father's Name

LATE DINA NATH HALOI

Birth Details

Birth Place	Tihu (Sialmari)	Birth State/UT	Assam	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	black mole in right side face		

Marital Details

Marital Status	Married	Spouse Name	Shri Debendra nath Deka
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	10.05.1983	Retirement Details	
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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	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Limited
	2				
	3				

Address Details

Permanant Address	Vill: MATHGHARI, No-2 P.O.NoonMati, Guwahat-20		City	Guwahati
	State/UT	Assam	Pin Code	781,020
Present Contact Address	Vill: MATHGHARI, No-2 P.O.NoonMati, Guwahat-20		City	Guwahati
	State/UT	Assam	Pin Code	781,020
	Phone (Off)	3,762,254,923	Fax.	
	Phone(Res)		Mob No	9,957,468,259
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
P.U				
Year	Division	CGPA		Specialization 2
1,976	III			
Institution		University		Place
TIHU COLLEGE		GUWAHATI		GUWAHATI
				INDIA
Experience				
Type of Posting			Level	
Designation			Present Position	
Ministry			Department	
Of Water Resources Ganga Rejuvenation			Brahmaputra Board	
Office			Place	
NAGAON DIVISION, BRAHMAPUTRA BOARD			NAGAON	
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 _____

Mrs Purnima Deka
Signature of Officer

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