

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | | | | |
|---------|-----|-------|------|-----------|--|--------|--------------------------------------|
| Service | CSS | Cadre | S.A. | Sub Cadre | | Id No. | will be allotted by CS Division, LNB |
|---------|-----|-------|------|-----------|--|--------|--------------------------------------|

Select List Year (Allot Year)

Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|---------------------------------|--------------------------------------------------------------------|----------------------|------------|--------------------|
| Mr. | Rabindra | Nath | Negg | |
| CSL No./ SCSL No: (if known) | | | | |
| Sex | <input checked="" type="radio"/> Male <input type="radio"/> Female | Date of Birth | 01.01.1960 | Date of Retirement |
| Community | | OBC | Religion | Hindu |
| Father's Name | | Late Diombeswar Negg | | |

Birth Details

| | | | | | |
|----------------|----------------------------|----------------------|----------|-------------|-------|
| Birth Place | Sibsagar | Birth State/UT | Assam | Nationality | India |
| Birth District | Sibsagar | Mother Tongue | Assamese | | |
| Domicile | Physically Handicap Status | | | | |
| Blood Group | A.O + | Identification Marks | | | |

Marital Details

| | | | |
|--------------------|---------|-------------|----------------|
| Marital Status | Married | Spouse Name | Mrs. Nira Negg |
| Spouse Nationality | Indian | | |

Joining Details

| | | | | |
|-----------------------|--------------|------------|--------------------|------------|
| Source of Recruitment | Joining Date | 05.07.1983 | Retirement Details | 31.12.2019 |
|-----------------------|--------------|------------|--------------------|------------|

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 | Nilakhatoborani, P.O. Nilakha Chariali, Dist. Dhemaji | | City | |
| | State/UT | Assam | Pin Code | |
| Present Contact Address | — do — | | City | |
| | State/UT | Assam | Pin Code | |
| | Phone (Off) | | Fax. | |
| | Phone (Res) | | Mob No | 9854156198 |
| | E-Mail (Mandatory) | | | |

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

| | | | | | |
|----------------|----------|------------|--|------------------|---------|
| Qualification | | Discipline | | Specialization 1 | |
| H.S.L.C Passed | | | | | |
| Year | Division | CGPA | | Specialization 2 | |
| 1981 | III | | | | |
| Institution | | University | | Place | Country |
| | | Board | | Sirai borganon | India |

Experience

| | | | |
|--------------------|-------|-------------------|----|
| Type of Posting | | Level | |
| Others | | Others | |
| Designation | | Present Position | |
| Section Assistant | | Regular | |
| Ministry | | Department | |
| MoWR GR & RD | | Brahmaputra Board | |
| Office | | Place | |
| Lakhimpur Division | | North Lakhimpur | |
| 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 _____

Sri Rabin dranath Megh.
 Signature of Officer

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