

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Ministerial	Sub Cadre	Upper Divisional Clerk	Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)	1983
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Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Raghu	Nath	Das	<i>2-11-2022</i>

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Jul 1, 1962	Date of Retirement	Jun 30, 2022
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Community	SC	Religion	Hindu
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Father's Name	Late Maghi Ram Das
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Birth Details

Birth Place	Jailgaon	Birth State/UT	Assam	Nationality	Indian
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Birth District	Sibsagar	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	Cut on left eyebrow
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Marital Details

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

Source of Recruitment	LDC	Joining Date	Dec 31, 1983	Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3	English	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Jailgaon, P.O. Desangmukh, Sibsagar		City	
	State/UT	Assam	Pin Code	785,663
Present Contact Address	Town Bantow, Ward No.14, P.O. Khelmati		City	North Lakhimpur
	State/UT	Assam	Pin Code	787,031
	Phone (Off)	3,775,273,698	Fax.	
	Phone(Res)		Mob No	9,957,736,825
	E-Mail (Mandatory)	bbmajulidivision@gmail.com		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
HSLC				
Year	Division	CGPA	Specialization 2	
1,978	3rd			
Institution	University	Place	Country	
Desangmukh High School		Sibsagar	India	

Experience				
Type of Posting			Level	
OTHER				
Designation			Present Position	
Ministry			Department	
Office			Place	
Experience Subject			Period of Posting	
Major	Minor	From	To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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 _____

(R.N. Das)
Signature of Officer

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