

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Rajen		Borah	R.Borah

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.01.1958	Date of Retirement	31.12.2017
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Community OBC Religion Hindu

Father's Name Late Bholanath Borah

Birth Details

Birth Place	Jorhat	Birth State/UT	Assam	Nationality	Indian
Birth District	Jorhat	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	cut mark of left hand thumb		

Marital Details

Marital Status	Married	Spouse Name	Mrs.Binu Gohain Borah
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Khalasi	Joining Date	01.04.1982	Retirement Details	31.12.2017
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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 <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2	Hindhi	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>	Fluent <input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanant Address	Konwar Dehingia,P.O.-Demow, District-Sivsagar (Assam)		City	Sivsagar
	State/UT	Assam <input type="checkbox"/>	Pin Code	785662
Present Contact Address	Lakhimpur Division, Brahmaputra Board, North Lakhimpur-787031		City	North Lakhimpur
	State/UT	Assam <input type="checkbox"/>	Pin Code	785662
	Phone (Off)	03752-232307	Fax.	
	Phone(Res)	9954269155	Mob No	9954269155
	E-Mail (Mandatory)			

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

Qualification		Division		Specialization 1	
HSLC		SEBA			
Year	Division		CGPA		Specialization 2
1976	II				
Institution		University		Place	
Teok H.S.		SEBA		Jorhat	
				India	

Experience

Type of Posting		Level			
OTHER <input checked="" type="checkbox"/>		Other <input checked="" type="checkbox"/>			
Designation		Present Position			
		Regular <input checked="" type="checkbox"/>			
Ministry		Department			
MoWR RD & GR		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	
<input checked="" type="checkbox"/>					
Sponsoring Authority		Period of Training		Duration	
		From		(in Weeks)	
		To			
				Result	
				<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	
<input checked="" type="checkbox"/>						
Day	Month	Year	Activity Description/Remarks			Level
						<input checked="" type="checkbox"/>

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.	