

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, I.N.B
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Ram	Bahadur	Chetry	<i>RHB</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Date of Retirement	31.08.2020
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Community

General

Religion

Hindu

Father's Name

Late Padum Bahadur Chetry

Birth Details

Birth Place	Nepal	Birth State/UT	Nationality	Nepali
Birth District	Marang	Mother Tongue	Nepali	
Domicile		Physically Handicap Status		
Blood Group	AB +ve	Identification Marks	Cut mark on left leg	

Marital Details

Marital Status	Married	Spouse Name	Mrs. Mina Devi
Spouse Nationality			

Joining Details

Source of Recruitment		Joining Date	20.12.1984	Retirement Details	31.08.2020
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

marks (if any)

Language Known

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

Address Details

Permanant Address	Vill-Bouni-2, Sombare		City	Marang
	State/UT		Pin Code	
Present Contact Address	Brahmaputra Board, Basistha, Guwahati-29		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,854,939,974
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VII					
Year	Division		CGPA	Specialization 2	
1,978					
Institution		University		Place	Country

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
MoWR RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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.

रामवल्लभ कर्षी

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.	