

ER Sheet Data Entry Form

Basic Data

Officer No. Details

Service	SS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNB
---------	----	-------	--	--------------	--	--------	---

Select List Year (Allot
Year)

1978

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	RAMA	SAINIA		

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Date of Retirement
-----	----------------------------	------------------------------	---------------	--------------------

Community

Assamese

Religion

Hindu

Father's Name

Late Jogeswar Saikia

Birth Details

Birth Place	Kharkeki	Birth State/UT	Assam	Nationality	Indian
Birth District	N. Lakhimpur	Mother Tongue	Assamese		
Domicile		Physically Handicap Status			
Blood Group	B + ve	Identification Marks	RAMA SAIKIA		

Marital Details

Marital Status	Married	Spouse Name	
Spouse Nationality			

Joining Details

Source of Recruitment	Brahmaputra Board	Joining Date	15.2.78	Retirement Details	
--------------------------	-------------------	-----------------	---------	-----------------------	--

Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

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

Qualification	Discipline		Specialization 1	
IX	Division	CGPA	Specialization 2	
Year 1973				
Institution	University	Place	Country	
Govt. Aided Lakshyn	S.C. (2001)	Lakshyn	India	
Experience				
Type of Posting		Level		
Khalasi		Khalasi		
Designation		Present Position		
Khalasi		Khalasi		
Ministry		Department		
M.O.W.R				
Office		Place		
Maguli sub-DMSB D		Maguli		
Experience Subject		Period of Posting		
Major		Minor		To
		From		

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 _____

Pravine
Signature of Officer

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

Remarks (if any)

Language Known

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

Address Details

Permanant Address	P.O = Panigaon, P.S = N. Lakhimpur		City	
	Vill = Lakshatik		Lakhimpur	
	State/UT		Pin Code	
Present Contact Address	Majuli Sub-Division II		City	Majuli
				Kamrdoban
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	
	E-Mail (Mandatory)			