

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	518	will be alerted by CS Division, LNB
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Select List Year (Allot
Year)

1979

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	RAMADHAR		KURMI	31120577

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

INDIAN

Religion

HINDU

Father's Name

LT. SARJUGZ KURMI

Birth Details

Birth Place	BIHAR	Birth State/UT	BIHAR	Nationality	INDIAN
Birth District	BIHAR	Mother Tongue	HINDI		
Domicile	BIHAR	Physically Handicap Status	PHYSICALLY FIT		
Blood Group	B POSITIVE	Identification Marks	SMAL SPOT OF LUCK		

Marital Details

Marital Status	MARRIED	Spouse Name	SMTI MALTI DEVI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Selection Grade	Joining Date	03-12-1979	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	Hindi	Hindi	Hindi	Hindi
	2				
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		VILL & P.O. BADHEYAN VIA - NATHUA DIST. GOPAL GANGA		City	
		State/UT		Pin Code	841436
Present Contact Address		NORTH GUWAHATI DIVN P.O. RANNAHAL DIST. KAMRUP, GUWAHATI-30		City	KAMRUP
		State/UT	ASSAM	Pin Code	781030
		Phone (Off)		Fax.	
		Phone(Res)M.	07250820493	Mob No	9957205829
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation DRIVER		Present Position AT. NORTH GUWAHATI DIVN.	
Ministry MOWR B. BOARD		Department BRAHMAPUTRA BOARD	
Office NORTH GUWAHATI DIVN. B. BOARD		Place RUDRESWAR	
Experience Subject		Period of Posting	
Major	Minor	From	To
		2008	TILL DATE

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
B. BOARD	From	To	(in Weeks)
			<input type="radio"/> Qualified
			<input checked="" 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

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.	