

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	UDC	Sub Cadre	UDC	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.	Ramen		Saharia	R.Saharia	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01.03.1956	Date of Retirement	29.02.2016
Community		OBC	Religion	Hindu	
Father's Name		Late Atneswar Saharia			

Birth Details

Birth Place	Gelaidingi	Birth State/UT	Assam	Nationality	INDIAN
Birth District	Darrang	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	Mole inside of left nouse		

Marital Details

Marital Status	Married	Spouse Name	Damayanti Deka		
Spouse Nationality	Indian				

Joining Details

Source of Recruitment	Joining Date	28.02.1984	Retirement Details	29.02.2016
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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	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Fluent
	2				
	3				
Address Details					
Permanant Address		Gelaidingi,		City	Mangaldai
		State/UT	Assam	Pin Code	784,125
Present Contact Address		Brahmaputra Board, Basistha,		City	Guwahati
		State/UT	Assam	Pin Code	781,029
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9,864,135,246
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC					
Year	Division		CGPA	Specialization 2	
1,973	3rd				
Institution		University		Place	Country
Mangaldai, Govt. H.S.School				Mangaldai	India

Experience

Type of Posting		Level	
Designation		Present Position	
UDC		Regular	
Ministry		Department	
MOWR, RD & GR		Brahmaputra Board	
Office		Place	
Accounts Wing		GUWAHATI	
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

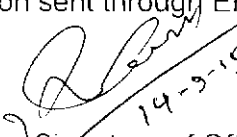
Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area	Activity Subject		Activity Title
Day	Month	Year	Activity Description/Remarks
			Level

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.

Date: 14-09-2015 Place: Guwahati

Information checked and verified - by


14-9-15
Signature of Officer

Section Officer

Ministry/Department

E-mail Id

Room No.

Building Name :

Phone No.

Wing No.