

ER Sheet Data Entry Form


Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CSS Division, I NB
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Select List Year (Allot Year)	1989
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Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	RAMANI	KUMAR	BAISHYA	

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.09.1965	Date of Retirement	31.08.2025
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Community	General	Religion	Hindu
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Father's Name	LATE CHANDRA KANTA BAISHYA
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Birth Details

Birth Place	MOROWA	Birth State/UT	Assam	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile		Physically Handicap Status	Physically Handicapped		
Blood Group	A +ve	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	USHA BALA BAISHYA
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	30.11.1989	Retirement Details	31.08.2025
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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				
	3				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Limited	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Sumitrapur, Borsajai, Nandan path		City	Guwahati
	State/UT	Assam	Pin Code	781,028
Present Contact Address	Brahmaputra Board Complex, Qtr.VI-15		City	Guwahati
	State/UT	Assam	Pin Code	781,029
	Phone (Off)		Fax	
	Phone(Res)		Mob No	9,706,063,807
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification		Discipline	
Class-X		Specialization 1	
Year	Division	CGPA	Specialization 2
1,983			
Institution	University	Place	Country
Morowa A.B. High School		Morowa	India

Experience			
Type of Posting		Level	
OTHER		Other	
Designation		Present Position	
Peon		Regular	
Ministry		Department	
MoWR, RD & GR		Brahmaputra Board	
Office		Place	
Secretariat		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
	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	Level
Activity Description/Remarks			

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 : 09/09/2015 Place : Guwahati
Information checked and verified - by *Sri Ranjani K. B. B. B.*
Signature of Officer

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