

## ER Sheet Data Entry Form

**Basic Data**

Officer ID No. Details 646

Service	CSS	Cadre		Sub Cadre		Id No. 646	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
MRS	RANI	—	MISHRA	R.mishra

CSL No./  
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	01-02-1966	Date of Retirement	31-01-2026
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Community	BRAHMIN	Religion	HINDUSHAM
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Father's Name	LAT RAMAN BEHARI SARMA.
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## Birth Details

Birth Place	PATARKANDI	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	KAZIMJANG	Mother Tongue	MONIPURI
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Domicile	ASSAM	Physically Handicap Status	
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Blood Group	A+ve	Identification Marks	Black mole in left hand.
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## Marital Details

Marital Status	MARRIED	Spouse Name	
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Spouse Nationality	
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## Joining Details

Source of Recruitment	COMPASSIONAT GROUND	Joining Date	03-09-1993	Retirement Details	31-01-2026
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	MONIPURI	fluent	fluent	fluent
	2	BANGALI	limited	limited	limited
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address				City	
		State/UT		Pin Code	
Present Contact Address				City	
		State/UT		Pin Code	
		Phone (Off)	03842230454	Fax.	
		Phone(Res)	9706587622	Mob No	9706587622
		E-Mail (Mandatory)	-		

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

Qualification <i>Class - X</i>		Discipline		Specialization 1	
Year <i>1986</i>		Division		Specialization 2	
Institution <i>GIYAPAS RAJESABU CHATURPATI SINGARAI</i>		University		Place <i>Patharbandi Katingang</i>	
Country		Experience			
Type of Posting			Level		
Designation <i>P.W.C. Khalari</i>			Present Position <i>P.W.C. Khalari</i>		
Ministry <i>Ministry of Water Resources</i>			Department <i>Brahmaputra Board</i>		
Office <i>Silehan sub-division</i>			Place <i>Silehan</i>		
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			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

*Ranmishra*

Signature of Officer

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