

ER Sheet Data Entry Form

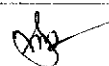
Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
---------	-----	-------	--	-----------	--	--------	-------------------------------------

Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr.	Sashu	Mohan	Das		

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	01.10.1958	Date of Retirement	30.09.2018
-----	----------------------------------	------	-----------------------	--------	---------------	------------	--------------------	------------

Community

General

Religion

Hindu

Father's Name

Late Kameswar Das

Birth Details

Birth Place	Bhawanipur	Birth State/UT	Assam	Nationality	Indian
Birth District	Barpeta	Mother Tongue		Assamese	
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks		One spot on right hand finger	

Marital Details

Marital Status	Married	Spouse Name	Mrs. Banalata Das
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	03.08.1979	Retirement Details	30.09.2018
-----------------------	--	--------------	------------	--------------------	------------

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	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill- Mahatali Hati, P.O. Bhawanipur		City	
	State/UT	Assam	Pin Code	781,352
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	781,352
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	97,079,665,187
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC passed					
Year	Division	CGPA	Specialization 2		
1,976					
Institution		University	Place	Country	

Experience

Type of Posting		Level			
Designation		Present Position			
Section Assistant					
Ministry		Department			
Office		Place			
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	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 : _____ Place : _____
Information checked and verified - by _____

Sashi Mohan Das.
Signature of Officer

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