

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Detail's

Title	First Name	Middle Name	Sur Name	Initials
	SATYENDRA		MEDHI	ah
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Date of Retirement
			01-1-1959	31-12-2018
Community	GENERAL	Religion	HINDU	
Father's Name	LATE GOPINATH MEDHI			

Birth Details

Birth Place	SORUPETA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	BARAPETA	Mother Tongue			
Domicile	Physically Handicap Status		ASSAMES		
Blood Group	AB POST	Identification Marks	DNA		

Marital Details

Marital Status	MARRIED	Spouse Name	RETA MEDHI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	31-3-1984	Retirement Details	31-12-2018
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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	A SRA MEES	Y Fluent	Y Fluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	v/k. P.O. Sozypeta ps. Patachakuchi		City	BARPATA
	State/UT		Pin Code	781318.
Present Contact Address	Barpata Boud Nalbari		City	Nalbari
	State/UT	ASSAM	Pin Code	
	Phone (Off)	03662220572	Fax	
	Phone(Res)		Mob No	9854744492
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
H.S.L.C Ex. Passed					
Year	Division	CGPA	Specialization 2		
Institution	University	Place	Country		

Experience

Type of Posting		Level			
Khalasi					
Designation		Present Position			
D.W.C. Kh.		D.W.C. Kh.			
Ministry		Department			
Ministry of water Resources.		Brahmaputra Board			
Office		Place			
Nabai sub-division		Nabai			
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 : Nabai

Information checked and verified - by _____

Sri Satyendra Meher
Signature of Officer

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