

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details				650			
Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
						650	
Select List Year (Allot Year)							

Name Details

Title	First Name	Middle Name	Sur Name	Initials		
	Shyama	Pteasad	Sinha	SP	SP	
CSL No./ SCSL No: (if known)						
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-08-1953	Date of Retirement	31-07-2019
Community		other backward class	Religion	Hinduism		
Father's Name		H. Rashi Chouba Sinha				

Birth Details

Birth Place	Rajnagar	Birth State/UT	Assam	Nationality	Indian
Birth District	Cachar	Mother Tongue	B. Manipuri		
Domicile		Physically Handicap Status	NO.		
Blood Group	O' positive	Identification Marks	bent little finger left hand		

Marital Details

Marital Status	Married	Spouse Name	Hira Sinha
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Interview	Joining Date	03-10-1983	Retirement Details	31/07/2019
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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	Bengali	Fluent	Fluent	Fluent
	2	Hindi	LTD.	LTD.	LTD.
	3	Assamese	Fluent	Fluent	Fluent
	4	Assamese			
	5				
Foreign Lang. Known	1	English	LTD.	LTD.	LTD.
	2				
	3				

Address Details				
Permanant Address	Vill - Algapur P.O - Rajnagar Dist. Cachar (As.)		City	Sikhar
	State/UT		Pin Code	788026
Present Contact Address	Asstt. Ex-Engineer Sonai Sub-Divn, Br. Rd. Sonai (BVD, B.B.)		City	
	State/UT		Pin Code	
	Phone (Off)	03842-230454	Fax.	
	Phone (Res)		Mob No	8486985540
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Passed the P.U. Exam.					
Year	Division	CGPA		Specialization 2	
1983	III	Arts			
Institution		University		Place	Country
Cachar College		University of Gauhati		Silchar	India

Experience

Type of Posting		Level			
Designation		Present Position			
P.W.C Khalasi		P.W.C Khalasi			
Ministry		Department			
Ministry of W.R.D & Grange Rejuvenation		Brahmaputra Board Guwahati-29			
Office		Place			
Sonai Sub - Divin B. B. Sonai		Sonai			
Experience Subject		Period of Posting			
Major	Minor	From	To		
		2004	Till date		

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 : _____ Place : _____
Information checked and verified - by _____

Shyama Prasad Singh
Signature of Officer

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