

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 Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	SHYAMAL	KUMAR	DEKA	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	14-04-1977	Date of Retirement	30-04-2037
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Community: General Religion: Hindu

Father's Name: DWIJENDRA NATH DEKA

Birth Details

Birth Place	GUWAHATI	Birth State/UT	Assam	Nationality	INDIAN
Birth District	KAMRUP	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	A +ve	Identification Marks	STICH MARK IN LEFT HAND		

Marital Details

Marital Status	Married	Spouse Name	CHINMOYEE BARUAH
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	24-01-2005	Retirement Details	
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Departmental Examination Details

Level	Year	Rank
1		
2		
3		

Remarks (if any)	
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Language Known

		Read	Write	Speak	
Indian Languages Known	1	HINDI	Fluent	Fluent	Fluent
	2	ASSAMESE	Fluent	Limited	Fluent
	3	BENGALI	Limited	No	Limited
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Fluent
	2				
	3				

Address Details

Permanant Address	LAKHIMI NAGAR, HATIGAON, DISPUR		City	GUWAHATI
	State/UT	Assam	Pin Code	781,006
Present Contact Address	SAME AS ABOVE		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,435,733.983
	E-Mail (Mandatory)	shyamaldeka@yahoo.co.in		

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

Qualification		Discipline		Specialization 1	
M TECH		CIVIL ENGINEERING		WATER RESOURCES	
Year		Division		CGPA	
2,011		IST		9.4	
Institution		University		Place	
IIT GUWAHATI				GUWAHATI	
				INDIA	

Experience

Type of Posting		Level			
Designation		Present Position			
		Regular			
Ministry		Department			
MINISTRY OF WATER RESOURCES, RIVER DEVE		BRAHMAPUTRA BOARD			
Office		Place			
TEZPUR SUB-DIVISION		TEZPUR, ASSAM			
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	
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						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 : 07/09/15 Place : Tezpur

Information checked and verified - by

Shyamal Gidara
Signature of Officer

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