

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre	O/PEON	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
Mrs	SUBHA		RAJBONGSHI	

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	09.03.1963	Date of Retirement	31.03.2023
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Community

General

Religion

Hindu

Father's Name

LATE JALTI RAM DAS

Birth Details

Birth Place	Madhyamkhanda	Birth State/UT	Assam	Nationality	INDIAN
Birth District	KAMRUP (R)	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	One mole on right wrist		

Marital Details

Marital Status	Widowed	Spouse Name	LATE NAREN RAJBONGSI
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	PEON	Joining Date	02.11.1984	Retirement Details	31.03.2023
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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	ASSAMESE	Limited	Limited	Fluent
	2		No	No	No
	3		No	No	No
	4				
	5				
Foreign Lang. Known	1		No	No	No
	2				
	3				

Address Details					
Permanant Address		NAHIRA, BIJAYNAGAR, KAMRUP (M)		City	
		State/UT	Assam	Pin Code	781132
Present Contact Address		BRAHMAPUTRA BOARD COMPLEX, QTR. TYPE-VI/5 GUWAHATI, KAMRUP (M)		City	
		State/UT	Assam	Pin Code	781029
		Phone (Off)		Fax	
		Phone(Res)		Mob No	9864087718
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Pre Primary					
Year	Division	CGPA	Specialization 2		
Institution		University	Place	Country	
Rampur Majalia Vidyalaya			Nahira	India	

Experience

Type of Posting		Level			
Designation		Present Position			
PEON		Regular			
Ministry		Department			
Ministry of Water Resources, RD & GR		Brahmaputra Board			
Office		Place			
Brahmaputra Board Secretariate		Guwahati			
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 _____


Signature of Officer

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