

## 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
				645	

Select List Year (Allot Year)

### Name Details

Title	First Name	Middle Name	Sur Name	Initials
Soci	Sumanta	Das	-	Soci

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	21.10.1965	Date of Retirement	31.10.2025
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Community

S.C.

Religion

Hindu

Father's Name

Late. Manojan Das

### Birth Details

Birth Place	Kasipur	Birth State/UT	Assam	Nationality	Indian
Birth District	Cochan (Assam)	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status	No.		
Blood Group	"O" + ve	Identification Marks	one mark on right knee.		

### Marital Details

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

### Joining Details

Source of Recruitment	Selection	Joining Date	03/10/89	Retirement Details	31.10.2025
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### Departmental Examination Details

	Level	Year	Rank
1	-	-	-
2	-	-	-
3	-	-	-

marks (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	Bengali	Fluent-	Fluent-
	2	Hindi	no.	limited.
	3	Assamese	no.	limited.
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill- Kashipur Pt-7. P.O. Sateh Sadoufama.		City	Sateh
	State/UT		Pin Code	788009
Present Contact Address	Sonow Sub-Divn Pt. Bd. Under Barrow valley Divn.		City	Sateh
	State/UT	Assam	Pin Code	788009
	Phone (Off)	03842-230454	Fax.	
	Phone (Res)		Mob No	7399752-795
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class - VII (Senior)		-			
Year	Division	CGPA		Specialization 2	
31.12.78	III Division				
Institution	University	Place		Country	
K.A.R.C. M.E. Seelaj.	—	Bachipm		India	

<b>Experience</b>			
Type of Posting		Level	
P.W.C (Khalasi)			
Designation		Present Position	
(Khalasi)		(Khalasi)	
Ministry		Department	
Ministry of water Resources		Porsahmaputra Board, Gilphur	
Office		Place	
Sonal Sub-Division, P.W. Bd.		Gilphur	
Experience Subject		Period of Posting	
Major	Minor	From	To

**Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject**

<b>Training</b>					
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	

<b>Awards/Publications</b>					
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 profoma.  
 (ii) Subject to verification by the concerned administrative authorities.  
 Date : \_\_\_\_\_ Place : \_\_\_\_\_  
 Information checked and verified - by \_\_\_\_\_  
 ✓ *Sumanth*  
 Signature of Officer

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