

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Peon	Sub Cadre	Id No.	will be alerted by C Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	Mr. Suresh	Chetia.		
CSL No./ SCSL No: (if known)				
Sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Date of Retirement	
Community		O.B.C	Religion	
Father's Name		Late Madan Chetia.		

Birth Details

Birth Place	Asad	Birth State/UT	Nationality
Birth District		Mother Tongue	Assamese
Domicile		Physically Handicap Status	
Blood Group	B+ tv	Identification Marks	

Marital Details

Marital Status	married	Spouse Name	Mrs Romyth chetia
Spouse Nationality	Indian.		

Joining Details

Source of Recruitment	Joining Date	1.11.1984	Retirement Details	31.01.2025.
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

As (if any)

Language Known

		Read	Write	Speak
Indian Languages Known	1	English		
	2	Hindi		
	3			
	4			
	5			
Foreign Lang. Known	1	English		
	2			
	3			

Address Details

Permanant Address	Sahar Tekela P.O. Asad, Nalakhimpur		City	
	State/UT		Pin Code	
Present Contact Address	— do —		City	
	State/UT		Pin Code	
	Phone (Off)	03752232307	Fax.	
	Phone(Res)		Mob No	8254084025
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	
				Agard.	
Country					

Experience

Type of Posting		Level	
Others.		Others	
Designation		Present Position	
Office peon			
Ministry		Department	
MOWR GR & RD.		Brahmaputra Board.	
Office		Place	
		Lakhimpur Division. N.L.	
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	
		From		(in Weeks)	
		To		Result	
				<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 _____



Signature of Officer

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