

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details 648

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

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
MR.	SUSHANTA	—	SINHA	JS

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01-11-1966	Date of Retirement	
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Community BISHNUPRIYA MANIPURI Religion HINDISM

Father's Name LT, SANTA SINHA

## Birth Details

Birth Place	RASNAJAR	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	CACHAR (ASSAM)	Mother Tongue	Bishnu Priya Manipuri		
Domicile		Physically Handicap Status			
Blood Group	'B'+	Identification Marks			

## Marital Details

Marital Status	Married	Spouse Name	HIRAMATI SINHA
Spouse Nationality			

## Joining Details

Source of Recruitment	Adhoc-Base M.R.	Joining Date	08-11-1993	Retirement Details	
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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	Manipuri	Fluent	Fluent	Fluent
	2	Bengali	- do -	- do -	- do -
	3	Hindi	- do -	- do -	- do -
	4	Assami	- do -	- do -	- do -
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		Vill - ALGAPUR P.O. - RAJNAGAR		City	SILCHAR
		State/UT	ASSAM	Pin Code	
Present Contact Address				City	
		State/UT	ASSAM	Pin Code	
		Phone (Off)	03842230454	Fax.	
		Phone(Res)		Mob No	9613834143
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Lead in Class - X					
Year		Division		CGPA	
Institution		University		Place	
				Country	

**Experience**

Type of Posting		Level			
Designation		Present Position			
P.W.E. Khalasi		P.W.E. Khalasi			
Ministry		Department			
Ministry of Water Resources		Brahmaputra Board			
Office		Place			
Silehan Sub-Division		Silehan			
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		(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.	