

## 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
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Select List Year (Allot Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Tarun		Thakuria	<i>Thakuria</i>

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.03.1960	Date of Retirement	28.02.2020
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Community

General

Religion

Hindu

Father's Name

Late Haripad Thakuria

## Birth Details

Birth Place	Betana	Birth State/UT	Assam	Nationality	Indian
Birth District	Barpeta	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status	No		
Blood Group	O +ve	Identification Marks	one cut mark over the right eye		

## Marital Details

Marital Status	Married	Spouse Name	Mrs. Minakhi Thakuria
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	02.02.1981	Retirement Details	28.02.2020
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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	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	Vill- Betana, P.O. Sarutapa		City	
	State/UT	Assam	Pin Code	781,352
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	781,352
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,613,628,044
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class VIII					
Year	Division	CGPA	Specialization 2		
Institution		University	Place	Country	

**Experience**

Type of Posting		Level			
Designation		Present Position			
Khalasi		Regular			
Ministry		Department			
MoWR RD&GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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. _____