

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	
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Select List Year (Allot Year)

7-7-1993.

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	LIPENDRA	NARAYAN	DEKA.	U. Debn.
CSI No./ SCSL No: (if known)				

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	24-10-1964	Date of Retirement	
Community	GENERAL	Religion	HINDU		
Father's Name	LATE LAKESWAR DEKA.				

Birth Details

Birth Place	NALBARI	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	ASSAM.	Physically Handicap Status			
Blood Group	O+	Identification Marks	ONE BLACK MOLE ON SCAB.		

Marital Details

Marital Status	MARRIED.	Spouse Name	PREMADA DEKA.
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	SECTRY. BRAH. BOARD.	Joining Date	7-7-1993	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	Assamese	Read.	Write	Speak.
	2	Hindi	Read.	WRITE.	Speak.
	3				
	4				
	5				
Foreign Lang. Known	1	/			
	2	/			
	3	/			

Address Details

Permanant Address	Vill:- SANDHALI. P-O:- BAR- PIT. DIST:- NALBARI.	City	NALBARI
	State/UT	Pin Code	
Present Contact Address	LIPENDRA NARAYAN DEWA. B. B. COLONEY. BASISTHA.	City	GUWAHATI
	State/UT	Pin Code	
	Phone (Off)	Fax.	9954501751
	Phone(Res)	Mob No	
	E-Mail (Mandatory)		

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

Qualification <i>Read up to class 10</i>	Discipline	Specialization 1
Year	Division	CGPA
Institution	University	Place
		Country

Experience

Type of Posting	<i>REGULAR.</i>	Level
Designation	<i>HALWAI</i>	Present Position
Ministry	<i>Water Resources</i>	Department
Office	<i>Cumachati</i>	Place
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	To
		(in Weeks)
		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 LR Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : *30-11-15* Place : *Cumachati*

Information checked and verified - by

Arvind Narayan
Signature of Officer *Devi*

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