

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
KHAN	ABDUL	WAHAB	KHAN	AKHAN

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-12-1961	Date of Retirement	31-12-2021
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Community

M.O.B.C

Religion

Islam

Father's Name

Late. Khurshed Khan

Birth Details

Birth Place	Kakajam	Birth State/UT	Assam	Nationality	Indian
Birth District	Jorhat	Mother Tongue	Assamese		
Domicile		Physically Handicap Status			
Blood Group	B (+ve)	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mrs. Naziba Begum
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Appointment	Joining Date	20-12-1985	Retirement Details	31-12-2021
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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	Fluent	Fluent	Fluent
	2	Hindi	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details			
Permanant Address	vill- kakajam Dasugaon P.O. Kakajam DIST- Jorhat		City Jorhat
	State/UT	ASSAM	Pin Code
Present Contact Address	DO		City Jorhat
	State/UT	ASSAM	Pin Code 785107
	Phone (Off)		Fax.
	Phone(Res)		Mob No 9859959927
	E-Mail (Mandatory)		

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

Qualification		Discipline		Specialization 1	
class - IX					
Year	Division	CGPA	Specialization 2		
Institution		University		Place	Country

Experience

Type of Posting			Level		
Designation			Present Position		
DWC Driver			DWC Driver		
Ministry			Department		
Ministry of water resources			Brahmaputra Board		
Office			Place		
Nalbari Division			Nalbari		
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	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 _____

✓ M. D. Abdul Wahab Khan
Signature of Officer

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