

## 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.	AJMAL		ALI	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31.01.65	Date of Retirement	31.01.2025
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Community

General

Religion

Muslim

Father's Name

Late

## Birth Details

Birth Place	Janab Ali	Birth State/UT	Assam	Nationality	Indian
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Birth District

Mother Tongue

Domicile

Assam

Physically Handicap Status

Blood Group

B +ve

Identification Marks

Cut mark on hand

## Marital Details

Marital Status	Married	Spouse Name	Jabeda Begum
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Spouse Nationality

Indian

## Joining Details

Source of Recruitment		Joining Date	31.01.1983	Retirement Details	31.01.2025
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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	BENGALI	Fluent	Fluent	Fluent
	2	HINDI	Limited	Limited	Limited
	3				
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details

Permanant Address	CHENGURI, PATHERKANDI	City	KARIMGANJ	
	State/UT	Assam	Pin Code	788,724
Present Contact Address	O/O the Executive Engineer Barak Valley Division	City	Silchar	
	State/UT	Assam	Pin Code	788,001
	Phone (Off)	3,842,230,454	Fax.	
	Phone(Res)		Mob No	
	E-Mail (Mandatory)			

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

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

**Experience**

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Ministry of Water Resources		Brahmaputra Board			
Office		Place			
Barak Valley Division, Silchar					
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 : 7-10-15 Place : Silchar

Information checked and verified - by

*Ajmal Ali*

Signature of Officer

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