

Attention - Sr. Bureau Secretary
Bor. Board.

ER Sheet Data Entry Form

Basic Data

Driver ID No. Details

Service Class / Cadre	Sub Cadre	Id No.	<small>Write date by DD/MM/YY</small>
-----------------------	-----------	--------	---

Select Last Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
MD	AZIM	UDDIN	NEOG	ANEOG

CSL No. /
SCSL No: (if known)

01-07-1962 30-06-2022

Sex Male Female | Date of Birth | 12.1.1963 | Date of Retirement | 12.1.2023

Community | Assamese | Religion | Muslim.

Father's Name | Late. Tomiz Uddin Neog

Birth Details

Birth Place	Rajahocoli	Birth State/UT	Assam	Nationality	Indian.
Birth District	Jorhat	Mother Tongue	Assamese.		
Domicile	Assam	Physically Handicap Status			
Blood Group	B+ve	Identification Marks	one cut marks left hand.		

Marital Details

Marital Status | Married | Spouse Name | Ms. Sureya Begam

Spouse Nationality | Indian.

Joining Details

Source of Recruitment | | Joining Date | 11.01.1984 | Retirement Details | 12.01.2023

Departmental Examination Details

Sl. No.	Level	Year	Rank
1	Training Programme	April/2012	Pass.
2			
3			

2/3

Language Known

Language Known

		Read	Write	Speak
Indian Languages Known	1	Hindi ✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
	2	Assamese ✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
	3	Bengali ✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanent Address	Vill. Rajaholi		City
	Po. Karkatoli.		
	State/UT	ASSAM. <input checked="" type="checkbox"/>	Pin Code
Present Contact Address			City
	State/UT	<input checked="" type="checkbox"/>	Pin Code
	Phone (Off)		Fax.
	Phone(Res)		Mob No
	E-Mail (Mandatory)		9863832514

3/3

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline	Specialization 1	
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
Office		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	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 _____

Md. Azimuddin Neog
Signature of Officer D/H.

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