

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
	SIAS	UDDIN	AHMED	Uddin

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	14-01-1959	Date of Retirement	31-01-2019
Community	GENERAL	Religion	MUSLIM		

Father's Name
LATE MAMUD ALI

Birth Details

Birth Place	KALIPARA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	DHUBRI	Mother Tongue	ASSAMESE		
Domicile	ASSAM	Physically Handicap Status			
Blood Group	+ B	Identification Marks	ONE CUT MARK ON RIGHT BACK SIDE		

Marital Details

Marital Status	MARRIED	Spouse Name	SHAHENA BEGUM
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	LDC CUM TYPIST	Joining Date	09-01-1984	Retirement Details	31-01-2019
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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	HINDI	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>
	2	ENGLISH	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>	LIMITED <input checked="" type="checkbox"/>
	3	ASSAMESE	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>
	4	BENGALI	FLUENT <input checked="" type="checkbox"/>	FLUENT <input checked="" type="checkbox"/>	LIMITED <input checked="" type="checkbox"/>
	5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Lang. Known	1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Address Details

Permanent Address	VIII - KALIPARA, PO - BILASIPARA DIST - DHUBRI, (ASSAM)		City	BILASIPARA
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	783348
Present Contact Address	BRAHMAPUTRA BOARD COMPLEX, BASISTHA, GUWAHATI-29 DIST - KAMRUP		City	GUWAHATI
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	781029
	Phone (Off)	-	Fax.	-
	Phone (Res)	-	Mob No	9435014465
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
P. U. PASSED	ARTS		
Year	Division	CGPA	Specialization 2
1977	III		
Institution	University	Place	Country
BILASIPARA COLLEGE	GUWAHATI UNIVERSITY	BILASIPARA	INDIA

Experience			
Type of Posting	Level		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Designation	Present Position		
LDC CUM TYPIST	REGULAR		
Ministry	Department		
HOWR, RD&GR, GOVT. OF INDIA	BRAHMAPUTRA BOARD		
Office	Place		
GUWAHATI CIRCLE	BASISTHA, GUWAHATI; ASSAM		
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)
<input checked="" type="checkbox"/>			
Sponsoring Authority	Period of Training		Duration
	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
<input checked="" type="checkbox"/>			
Day	Month	Year	Level
Activity Description/Remarks			<input checked="" type="checkbox"/>

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: 18.9.15 Place: GUWAHATI
Information checked and verified - by

Checked 18.9.15
Signature of Officer

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