

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
Haque	Imamul		Haque	<i>Imamul Haque</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	05-01-1957	Date of Retirement	31-01-2017
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Community

General

Religion

Islam

Father's Name

Late-Jamaluddin Ahmed

Birth Details

Birth Place	Heidayatpur Gurakhat	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	A(+ve)	Identification Marks			

Marital Details

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

Joining Details

Source of Recruitment	Appointment	Joining Date	16-01-1984	Retirement Details	31-01-2017
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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	Fluent	Fluent	Fluent
	3	Bengali	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang Known	1	English	Fluent	Fluent	Fluent
	2				
	3				
Address Details					
Permanant Address		vill- Hedayat puri P.O. Silpukhuri Guwahati DIST- Kamrup		City	Guwahati
	State/UT	Assam		Pin Code	781003
Present Contact Address		DO		City	Guwahati
	State/UT	Assam		Pin Code	781003
	Phone (Off)			Fax.	
	Phone(Res)			Mob No	9706562361
	E-Mail (Mandatory)				

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

Qualification <i>H.S.L.C.</i>		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution <i>Karnrup Academi</i>		University		Place	
Country		Place		Country	

Experience

Type of Posting		Level			
Designation <i>OWC S/A</i>		Present Position <i>OWC S/A</i>			
Ministry <i>Ministry of water resources</i>		Department <i>Brahmaputra Board</i>			
Office <i>Nalbari Division</i>		Place <i>Nalbari</i>			
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)		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 : *Nalbari*
Information checked and verified - by _____

Layed Inamul Haque
Signature of Officer

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