

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNR
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Select List Year (Allot
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	MD. JUMAR		ALI	A. Ali

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-10-1963	Date of Retirement	31-10-2023
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Community

GENERAL

Religion

ISLAM

Father's Name

LATE KHAIRAT ALI

Birth Details

Birth Place	SamarKuchin	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	NALBARI	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status	DNA		
Blood Group	A(+)	Identification Marks	CUT MARK ON LEFT LEG		

Marital Details

Marital Status	MARRIED	Spouse Name	REJIYA BEGUM
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	BRAHMAPUTRA BOARD	Joining Date	01-01-1984	Retirement Details	31-10-2023
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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
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address

State/UT: ASSAM

Present Contact Address: Vill + P.O. - Malikuchi
P.S. + Dist. - Nalbari

State/UT: ASSAM

Pin Code: 781335

Phone (Off): 03662220572

Phone (Res):

E-Mail (Mandatory):

City

Pin Code

City

Pin Code

Fax: -NIL-

Mob No: 9859120434

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

Qualification <u>VII</u>		Discipline		Specialization 1	
Year <u>1982</u>	Division	CGPA		Specialization 2	
Institution <u>Bareilly High School</u>		University		Place <u>Kalag</u>	Country <u>India</u>

Experience

Type of Posting		Level			
Designation <u>OFFICE CHOWKIDAR</u>		Present Position <u>REGULAR</u>			
Ministry <u>MINISTRY OF WATER RESOURCES RD & GR</u>		Department <u>BRAHMAPUTRA BOARD</u>			
Office <u>NALBARI DIVISION</u>		Place <u>NALBARI</u>			
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 _____

G. Ali
 (Signature of Officer)
 Signature of Officer

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