

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
						558	

Select List Year (Allot
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	KHAIRAT		HUSSAIN	K Hussain

USL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-12-1960	Date of Retirement	31-12-2020
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Community

General.

Religion

MUSLIM

Father's Name

Lat. DAROG ALI

Birth Details

Birth Place	Kalipara	Birth State/UT	Assam	Nationality	Indian
Birth District	Dhubari	Mother Tongue	Assamis		
Domicile	Assam	Physically Handicap Status			
Blood Group	"B" + VE	Identification Marks	cut marks left hand little finger.		

Marital Details

Marital Status	married	Spouse Name	Supira Khatun.
Spouse Nationality	Indian.		

Joining Details

Source of Recruitment		Joining Date	16-11-1982	Retirement Details	31-12-2020
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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
	2	Hindi			Fluent
	3	Bengali			Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
Address Details					
Permanant Address		Vill - Kalipara, Po. & PS Bilashipara, Dist. Dhubari		City	
		State/UT		Pin Code	
Present Contact Address		vill - Kalipara. Po & PS - Bilashipara Dist. Dhubari Assam.		City	
		State/UT	Assam	Pin Code	783348
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9706931764
		E-Mail (Mandatory)			

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

Qualification <i>class - VI</i>	Discipline		Specialization 1
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting		Level	
<i>OFFICE Regular.</i>			
Designation		Present Position	
<i>Duffary.</i>		<i>Duffary.</i>	
Ministry		Department	
Office		Place	
<i>Guwahati circle</i>		<i>Guwahati</i>	
Experience Subject		Period of Posting	
Major	Minor	From	To
		<i>26-2-04</i>	

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
	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 : *10-3-16* Place : *Guwahati-29*

Information checked and verified - by

CKH...
Signature of Officer

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