

LR Sheet (New Entry Form)

Basic Data:

Officer ID No. Details

Service	CSS	Cadre	Sub Cadre	ID No.	will be allocated by CSS Division I NF.
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	KHARSEED KHARSEED	ALI	AHMED	<i>[Signature]</i>

CSL No./	SCSL No: (if known)
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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	GENARAL	Religion	ASLAM
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Father's Name	HANIF ALI AHMED
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Birth Details

Birth Place	CHAMAOURI	Birth State/UT	ASSAM	Nationality	India
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Birth District	KAMRUP	Mother Tongue	ASSAMES
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Domicile		Physically Handicap Status	DNA
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Blood Group	O+	Identification Marks	LEFT FOOT CUT MARK
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Marital Details

Marital Status	MARRIED	Spouse Name	RENA BAGAM
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment	BRAHMA BUTRA BOARD	Joining Date	6-8-1983	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	YFluent	YFluent
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	VILL. CHAMAGURI P.S. CHANNAGURI		City	RANGGA
	State/UT	ASSAM	Pin Code	781380
Present Contact Address	B, Board Nalbari Division		City	NALBARI
	State/UT	ASSAM	Pin Code	
	Phone (Off)	03662220572	Fax.	
	Phone(Res)	- NIL -	Mob No	9957973507
E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	

Experience

Type of Posting		Level			
PWC KHALASHI					
Designation		Present Position			
PWC Khalashi					
Ministry		Department			
MINISTRY OF WATER RESOURCES		BRAHMA PUTRA BOARD			
Office		Place			
Nalbari sub-division No. 7		NALBARI			
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	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

MD KHARSED ALI AHMED

Signature of Officer

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