

Affection - Sh Burman Secretary
Br. Basakel.

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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
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
MD.	NOUCHAND	UDDIN	AHMED	Ahd.

CSL No./
SCSL No: (if known)

31-10-2018

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	30-10-1958	Date of Retirement	30-09-2018
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Community

Assamese

Religion

Muslim

Father's Name

Late. Achim Uddin Ahmed,

Birth Details

Birth Place	Mouklawa	Birth State/UT	Assam	Nationality	Indian
Birth District	Bongaigoun	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O+ve.	Identification Marks	one cut Marks Right Hand.		

Marital Details

Marital Status	Married	Spouse Name	ms. Soribon Nessa.
Spouse Nationality	Indian.		

Joining Details

Source of Recruitment	Joining Date	01.10.1978	Retirement Details	30.9.2018.
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Departmental Examination Details

	Level	Year	Rank
1	Training Programme	April/2012	Pass.
2			
3			

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Remarks (if any)							
Language Known							
			Read		Write		Speak
Indian Languages Known	1	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Assamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	Bengali	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details							
Permanant Address		Vill. Moukhausa Ro. Manikpur. Dist. Bongaigaon.			City		
		State/UT Assam. <input checked="" type="checkbox"/>		Pin Code			
Present Contact Address		Vill. Krishnai Gandhi Nagar Ro. Krishnai Goalpara. Dist. Goalpara.			City		
		State/UT Assam. <input checked="" type="checkbox"/>		Pin Code			
		Phone (Off)		Fax.			
		Phone (Res)		Mob No		9707986128	
		E-Mail (Mandatory)					

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

Qualification	Discipline		Specialization 1
Class - <u>X</u>			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Designation	Present Position		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Ministry	Department		
Office	Place		
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	Result
	From	To	<input type="radio"/> Qualified
		(in Weeks)	<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 : _____
information checked and verified - byNorchand Uddin Ahmed
p/Operator
Signature of Officer

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