

## 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
Mr.	Safiur		Rahman	S. Rahman

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.01.1958	Date of Retirement	31.12.2017
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Community

General

Religion

Muslim

Father's Name

Late Tasir Ali

## Birth Details

Birth Place	Takargaon	Birth State/UT	Assam	Nationality	Indian
Birth District	Goalpara	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status			
Blood Group		Identification Marks	Cut mark in fore hand		

## Marital Details

Marital Status	Married	Spouse Name	Jamila Begum
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment		Joining Date	16.07.1979	Retirement Details	31.12.2017
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		<b>Read</b>	<b>Write</b>	<b>Speak</b>	
Indian Languages Known	1	Bengali	Fluent	Fluent	Fluent
	2	Assamese	Fluent	Fluent	Fluent
	3	Hindi	Fluent	Limited	Fluent
	4				
	5				
Foreign Lang. Known	1				
	2				
	3				
<b>Address Details</b>					
Permanant Address		Mayla Phatar		City	Goalpara
		State/UT	Assam	Pin Code	783,121
Present Contact Address		Same as above		City	
		State/UT	Assam	Pin Code	
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	9,854,340,092
		E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class-II					
Year	Division	CGPA	Specialization 2		
1,964					
Institution		University		Place	Country
Balad Mari school.					Indian

**Experience**

Type of Posting		Level			
OTHER					
Designation		Present Position			
ehowkidar		Regular			
Ministry		Department			
MoWR RD & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati		Basistha			
Experience Subject		Period of Posting			
Major		Minor		From	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below givan 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 :

Information checked and verified - by

Signature of Officer

Signature of Officer

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