

Attention - Sr. Business Secretary  
for Board

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ER Sheet Data Entry Form

Basic Data

Office ID No.	Details	Sub Cadre	No.	will be alerted by CA Division, NB
Select List Year (Ahot Year)				

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	Saleh	Uddin	Ahmed.	Shah.
CSL No./ SCSL No: (if known)				
Sex	<input type="radio"/> Male	<input checked="" type="radio"/> Female	Date of Birth	01-12-1957
		Date of Retirement	30-11-2017	
Community		Assamese	Religion	Muslim
Father's Name		Late Kamal uddin Ahmed.		

Birth Details

Birth Place	Cherekapan	Birth State/UT	Assam	Nationality	Indian
Birth District	Sibsagarh	Mother Tongue	Assamese		
Domicile	Assom	Physically Handicap Status	—		
Blood Group	A + ve	Identification Marks	Black Spot in left hand (Tubakha) pata		

Marital Details

Marital Status	Marrried	Spouse Name	Mrs Anjuma Begam
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Direct	Joining Date	01-12-1987	Retirement Details	30-11-2017
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Departmental Examination Details

Sl. No.	Level	Year	Rank
1			
2			
3			

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Language Known

Language Known

		Read	Write	Speak
Indian Language Known	1 Assamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2 Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3 Bangli	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1 English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Details

Permanant Address	Cherakapan, Sibsaagan, P.O. Cherakapan		City	Sibsaagan
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	785640
Present Contact Address	Nalun Nirmali gan, P.O. CR. Buldg, Dibrugarh		City	Dibrugarh
	State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	786003
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9436237214
	E-Mail (Mandatory)			

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

Qualification <b>HSLC Pass</b>	Discipline	Specialization 1
Year <b>1976</b>	Division <b>Sample pass</b>	CGPA
Institution	University <b>Board of Secondary Education Bhy - Assam</b>	Place <b>Sibsagar</b>
		Country

Experience

Type of Posting	Level
Designation	Present Position
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 <b>2013</b>	Training Name <b>Silt Analysis of Silt</b>	Training Subject <b>Silt Analysis</b>
Level	Institute Name, Place <b>Natza Gijwahati, NAWARI</b>	Field Visit Country
	Field Visit Place (within India)	
Sponsoring Authority <b>Beahmaputra Board</b>	Period of Training From <b>22-04-2013</b>	To <b>27-04-2013</b>
	Duration (in Weeks) <b>1 Week</b>	Result <input checked="" type="checkbox"/> Qualified <input type="checkbox"/> 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 \_\_\_\_\_

**Md. Saleh uddin Ahmed**  
Signature of Officer **S/A**

Section Officer	Ministry/Department
Detail Id	Room No.
Phone No.	Wing No.
	Building Name :