

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be allotted by CS Division, LNB
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Select List Year (Allot  
Year)

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
<input type="checkbox"/>	SYED	NAZRUL	HOGUE	<i>SHYAM</i>

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	29-07-61	Date of Retirement	31-07-1921
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Community *General*  Religion *Muslim*

Father's Name *LATE ROHIM BOKSH*

## Birth Details

Birth Place	BIJNI	Birth State/UT	ASSAM <input type="checkbox"/>	Nationality	INDIAN
Birth District	SIRANG	Mother Tongue	ASSAMESE		
Domicile	ASSAM <input type="checkbox"/>	Physically Handicap Status	<input type="checkbox"/>		
Blood Group	B+	Identification Marks	<i>one cut mark on the thumb finger</i>		

## Marital Details

Marital Status	<i>Married but divorced</i> <input type="checkbox"/>	Spouse Name	
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	<i>S</i> <input type="checkbox"/>	Joining Date	21-4-1983	Retirement Details	31-7-2021
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## Departmental Examination Details

	Level	Year	Rank
1	<input type="checkbox"/>		
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		

Remarks (if any)

Language Known

		Read	Write	Speak	
Indian Languages Known	1	HINDI	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	ENGLISH	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3	ASSAMESE	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	4	BENGALI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1		<input type="checkbox"/>	<input 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

Permanent Address	BIJNI TOWN, WARD NO. 3, Dist: CHIRANG		City	
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	
Present Contact Address	Brahmaputra Board Campus Quarter No 2/G Basista,		City	Guwahati
	State/UT	ASSAM <input checked="" type="checkbox"/>	Pin Code	781029
	Phone (Off)	2301320	Fax.	
	Phone (Res)		Mob No	75779-80060
E-Mail (Mandatory)	Syad Nazim Raque@gmail.com			

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

Qualification <b>B. A</b>		Discipline <b>ARTS</b>		Specialization 1
Year <b>1986</b>	Division	CGPA	Specialization 2	
Institution <b>P. B. College</b>	University <b>G. U</b>	Place <b>GAURIPUR</b>	Country <b>INDIA</b>	

**Experience**

Type of Posting <b>Regular</b> <input checked="" type="checkbox"/>	Level <b>L.D.C</b> <input checked="" type="checkbox"/>
Designation <b>U.D.C</b> <input checked="" type="checkbox"/>	Present Position <b>U.D.C Regular</b> <input checked="" type="checkbox"/>
Ministry <b>MOAR RD &amp; GR</b>	Department <b>Brahmaputra Board</b>
Office <b>Gurvalahi Circle</b>	Place <b>Gurvalahi</b>
Experience Subject <b>Major</b>	Period of Posting <b>Minor</b>
<b>Establishment &amp; Adm.</b>	<b>Account</b>
	<b>26-11-2011</b>

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

**Training**

Training Year	Training Name	Training Subject
Level <input checked="" type="checkbox"/>	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	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 \_\_\_\_\_

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