

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	SUM SUL	HABUF	ALI	SH

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-7-1962	Date of Retirement	31-7-2022
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Community	GENAREL	Religion	ISLAM
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Father's Name	MR. MANGLA ALI
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Birth Details

Birth Place	DHUNI BALA	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	Kamrup	Mother Tongue	Assamese
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Domicile		Physically Handicap Status	
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Blood Group	A (+)	Identification Marks	
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Marital Details

Marital Status	MARRIED	Spouse Name	Khadeja Begam
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment	BRAHMAMITRA BOARD	Joining Date	09-9-1983	Retirement Details	31-7-2022
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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	ASSAMEES	X Fluence	X Fluent
	2			X Fluent
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill. DHUHI BALA D/S Rangia		City	Rangia.
	State/UT	ASSAM	Pin Code	781350
Present Contact Address	BRAHMAPUTRA BOARD NOLBARI DIVISION		City	Xelbari
	State/UT	ASSAM	Pin Code	
	Phone (Off)	03662920572	Fax.	
	Phone(Res)		Mob No	9577384408
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
Year	Division	CGPA	Specialization 2
Institution	University	Place	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	Training Name		Training Subject
Level	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	Level
Activity Description/Remarks			

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 : *Nalbandi*

Md. Samdul Haque Ali
Signature of Officer

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