

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No. 653	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
Sri	Abdul	Kuddin	Laxkar	AKB

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	29/4/1961	Date of Retirement	30/4/2021
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Community	Gron (Muslim)	Religion	Muslim (Islam)
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Father's Name: Md. Late. Wali's Ali Laxkar

Birth Details

Birth Place	Satkara Kandi	Birth State/UT	Assam	Nationality	Indian
Birth District	Cachar	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status	NO		
Blood Group	B ⁺ ve	Identification Marks	one cut mark on left foot.		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Sajana Begam Laxkar
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Selection	Joining Date	03/10/1989	Retirement Details	30/4/2021
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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	Bengali	fluent	fluent
	2	Hindi	no.	-do-
	3	-	-	-
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanent Address	Vill Satkara Kanali P.O. Satkara Kanali pt-D P.S. Sonai mukh. Dist Cachar (Assam)		City	Silchar
	State/UT		Pin Code	788013
Present Contact Address	Sonai Sub-Divn. Por. Ach. Kroder Barak Valley Divn.		City	Silchar
	State/UT	Assam	Pin Code	788013
	Phone (Off)	03842-230454	Fax.	-
	Phone (Res)	-	Mob No	9707759241
E-Mail (Mandatory)				

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

Qualification		Discipline		Specialization 1	
Reading in class 8		—			
Year	Division	CGPA		Specialization 2	
31-3-1977	—				
Institution		University		Place	Country
Bajpur High school		—		Bajpur (sonar)	India

Experience			
Type of Posting		Level	
PWP. (Khalasi)			
Designation		Present Position	
PWP. (Khalasi)		(Khalasi)	
Ministry		Department	
Water of the Reservoirs		Dissalumpura Provel.	
Office		Place	
Sonar Sub-Division, Por. Board		Soleha - I	
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 :

Information checked and verified - by

Abdul Qudus Laskar

Signature of Officer

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