

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
Mr.	Abidur		Rahman	<i>Arman</i>

CSL No./ SCSL No: (if known)	
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Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.09.1963	Date of Retirement	31.08.2023
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Community	NA	Religion	Muslim
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Father's Name	Late Rahimotdin Ahmed
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Birth Details

Birth Place	Now Sholia	Birth State/UT	Assam	Nationality	Indian
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Birth District	Jorhat	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	One cut mark on left arm
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Marital Details

Marital Status	Married	Spouse Name	Sohida Begum
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	01.11.1984	Retirement Details	31.08.2023
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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	Assamese	Fluent	Fluent	Fluent
	2	Hindi	Fluent	Fluent	Fluent
	3				
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Limited	Limited
	2				
	3				

Address Details

Permanant Address	Vill- Now Sholia Rahmanpur, P.O.- Sotria		City	
	State/UT	Assam	Pin Code	785,616
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,954,420,717
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC passed					
Year	Division	CGPA	Specialization 2		
1,980					
Institution	University	Place	Country		
	SEBA		India		

Experience					
Type of Posting			Level		
Designation			Present Position		
			Regular		
Ministry			Department		
MoWR RD & GR, GOI			Brahmaputra Board		
Office			Place		
Guwahati Division			Basistha		
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	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

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