

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.	Anowar		Hussain	<i>AH Hussain</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.02.1965	Date of Retirement	31.01.2025
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Community	NA	Religion	Muslim
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Father's Name	Late Cheher Ali
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Birth Details

Birth Place	Solmari Bhaira	Birth State/UT	Assam	Nationality	Indian
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Birth District	Nalbari	Mother Tongue	Assamese
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Domicile	Assam	Physically Handicap Status	
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Blood Group	B +ve	Identification Marks	One black mole at nose
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Marital Details

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

Source of Recruitment		Joining Date	13.01.1984	Retirement Details	31.01.2025
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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- Solmari P.O.- Belsar		City	
	State/UT	Assam	Pin Code	781,304
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9,859,078,004
	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	
1,983					
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	

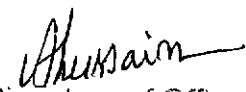
Awards/Publications

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.	