

Record Sheet

374

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	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	
Mr.	Bismillah	-	Seikh	B. Seikh	
CSL No./SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	15.01.1958	Date of Retirement	31.01.2018
Community	General	Religion	Muslim		
Father's Name	Lt. Jalim Seikh				

Birth Details

Birth Place	Fakirahawa	Birth State/UT	Uttar Pradesh	Nationality	Indian
Birth District	Deoria (U.P.)	Mother Tongue	Hindi		
Domicile	Uttar Pradesh	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	One cut mark on the left hand		

Marital Details

Marital Status	Married	Spouse Name	Mrs. Sabra Khatoon
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	01.04.1982	Retirement Details	18.01.2018
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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	Hindi	Fluent	Fluent	Fluent
	2				
	3				
	4				
	5				
Foreign Lang. Known	1	English	No	No	No
	2				
	3				
Address Details					
Permanant Address		Fakirahawa, Dist: Deoria (U.P.)		City	
		State/UT	Uttar Pradesh	Pin Code	274,303
Present Contact Address		Brahmaputra Board Sectt.		City	Guwahati
		State/UT	Assam	Pin Code	781,029
		Phone (Off)		Fax.	
		Phone(Res)		Mob No	7,896,564,253
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
Class IV				
Year	Division	CGPA	Specialization 2	
Institution	University	Place	Country	

Experience			
Type of Posting		Level	
OTHER		OTHER	
Designation		Present Position	
R/S		Regular	
Ministry		Department	
MOWR, RD & GR		Brahmaputra Board	
Office		Place	
Brahmaputra Board Sectt.		Guwahati	
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			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 : 2-11-2015 Place : Guwahati

Information checked and verified - by

Signature of Officer

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