

## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details

677

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
						677	

Select List Year (Allot  
Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
BAR LASKAR	FAIZ	UDDIN	BAR LASKAR	FAZ

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	30-10-1960	Date of Retirement	31-10-2020
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Community	MUSLIM	Religion	ISLAM
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Father's Name	LATE - TAJMUL ALI BAR LASKAR
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Birth Details

Birth Place	SATKARA-KANDI	Birth State/UT	ASSAM	Nationality	INDIAN
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Birth District	CACHAR	Mother Tongue	BENGALE
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Domicile	ASSAM	Physically Handicap Status	—
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Blood Group	AB+ve	Identification Marks	mark on the throat
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Marital Details

Marital Status	MARRIED	Spouse Name	NILUFAR BEGAM BAR LASKAR
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Spouse Nationality	INDIAN
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Joining Details

Source of Recruitment		Joining Date	30/11/1989	Retirement Details	31-10-2020
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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	FLUENT
	2	HINDI	LIMITED	LIMITED	LIMITED
	3	ASSAMESE	LIMITED	LIMITED	FLUENT
	4	ENGLISH	LIMITED	LIMITED	LIMITED
	5				
Foreign Lang. Known	1				
	2				
	3				

Address Details				
Permanant Address	VILL & P.O - SATKARAKA - NDI. DIST - CACHAR		City	SILEHAR
	State/UT	ASSAM.	Pin Code	788013
Present Contact Address	As Above		City	
	State/UT	ASSAM	Pin Code	788001
	Phone (Off)	03842-230454	Fax.	
	Phone (Res)		Mob No	9854651622
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Passed IX					
Year	Division	CGPA	Specialization 2		
1977					
Institution		University	Place	Country	
BAGPUR H. School			SILCHAR	INDIAN	

**Experience**

Type of Posting		Level			
Designation		Present Position			
P.W.C. Khalazi		P.W.C. Khalazi			
Ministry		Department			
Water Resources		BROHMAPUTRA BOARD			
Office		Place			
SILCHAR-SUB. DIVISION (Silchar)		SILCHAR			
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 \_\_\_\_\_

*Foy Uddin Basir Laskar*  
 Signature of Officer

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