

## 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.	Forman		Ali	

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/>	Male	<input type="radio"/>	Female	Date of Birth	01.01.1964	Date of Retirement	28.02.2025
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Community

General

Religion

Muslim

Father's Name

Samed Ali

#### Birth Details

Birth Place	Chaygaon	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup	Mother Tongue		Assamese	
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks		one cut mark in his left rish	

#### Marital Details

Marital Status	Married	Spouse Name	Gulban Bibi
Spouse Nationality	Indian		

#### Joining Details

Source of Recruitment		Joining Date	05.08. 1983	Retirement Details	31.12.2024
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#### Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)	
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**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	No		Limited
	2				
	3				

**Address Details**

Permanant Address	Vill. Chaygaon, P.O. Chaygaon, Dist- Kamrup (R)		City	
	State/UT	Assam	Pin Code	
Present Contact Address	Same as above		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	8,822,343,426
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)					
Qualification		Discipline		Specialization 1	
Class VII					
Year	Division		CGPA	Specialization 2	
1,979					
Institution		University		Place	Country
Balaindi M.E. School,				Chaygaon	India

Experience			
Type of Posting		Level	
Designation		Present Position	
Driver		Regular	
Ministry		Department	
MoWR RD &GR		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	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 : \_\_\_\_\_ Place : \_\_\_\_\_  
Information checked and verified - by \_\_\_\_\_ Signature of Officer \_\_\_\_\_

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