

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.	Gol	Mahammad	Sheikh	G. Sheikh

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30.12.1963	Date of Retirement	30.12.2023
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Community	General	Religion	Muslim
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Father's Name	Late joynal Haque
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Birth Details

Birth Place	Gudibala	Birth State/UT	Assam	Nationality	Indian
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Birth District	West haro Hills	Mother Tongue	Bangla
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Domicile	Meghalaya	Physically Handicap Status	
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Blood Group	O +ve	Identification Marks	Cut mark in left thumb
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Marital Details

Marital Status	Married	Spouse Name	Mimina Bibi
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Date	01.01.1985	Retirement Details	30.11.2023
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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	Bengali	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	English	No	No	No
	2				
	3				

Address Details

Permanant Address	Vill- Gudibala, P.O. Phulbari		City	
	State/UT	Meghalaya	Pin Code	
Present Contact Address	Brahmaputra Board, Pancharatna		City	
	State/UT	Assam	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	8,575,127,214
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
Class III					
Year	Division	CGPA	Specialization 2		
1,972					
Institution		University		Place	Country
Gomaijhora L.P. School				Gomaijhora	India

Experience

Type of Posting		Level			
OTHER					
Designation		Present Position			
		Regular			
Ministry		Department			
MoWR RS & 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 givan 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			

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 _____

(Handwritten Signature)

Signature of Officer

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