

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

|         |     |       |  |              |  |        |   |
|---------|-----|-------|--|--------------|--|--------|---|
| Service | CSS | Cadre |  | Sub<br>Cadre |  | Id No. | will be allotted by CS<br>Division, LNB |
|---------|-----|-------|--|--------------|--|--------|---|

Select List Year (Allot  
Year)

## Name Details

| Title | First Name | Middle Name | Sur Name | Initials |
|-------|------------|-------------|----------|----------|
|       | Habibati   |             | Rahman   |          |

CSL No./  
SCSL No: (if known)

|     |                                       |                              |               |           |                    |           |
|-----|---------------------------------------|------------------------------|---------------|-----------|--------------------|-----------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 14-6-1963 | Date of Retirement | 14-6-2023 |
|-----|---------------------------------------|------------------------------|---------------|-----------|--------------------|-----------|

Community

Religion

Father's Name

LATE RASHMAN ALI

## Birth Details

|                |                |                            |                               |             |        |
|----------------|----------------|----------------------------|-------------------------------|-------------|--------|
| Birth Place    | VII: Belikuchi | Birth State/UT             |                               | Nationality | Indian |
| Birth District | Nalbari        | Mother Tongue              | Assamese                      |             |        |
| Domicile       | Assam          | Physically Handicap Status |                               |             |        |
| Blood Group    | O + v          | Identification Marks       | one cut mark of<br>Right leg. |             |        |

## Marital Details

|                    |         |             |                  |
|--------------------|---------|-------------|------------------|
| Marital Status     | Married | Spouse Name | Miss Bahum Nessa |
| Spouse Nationality | Indian  |             |                  |

## Joining Details

|                          |  |                 |           |                       |           |
|--------------------------|--|-----------------|-----------|-----------------------|-----------|
| Source of<br>Recruitment |  | Joining<br>Date | 14/1/1982 | Retirement<br>Details | 14/6/2023 |
|--------------------------|--|-----------------|-----------|-----------------------|-----------|

## Departmental Examination Details

|   | Level | Year | Rank |
|---|-------|------|------|
| 1 |       |      |      |
| 2 |       |      |      |
| 3 |       |      |      |

|                         |                    |   |          |            |          |
|-------------------------|--------------------|---|----------|------------|----------|
| Remarks (if any)        |                    |   |          |            |          |
| Language Known          |                    |   |          |            |          |
|                         |                    | Read  | Write    | Speak      |          |
| Indian Languages Known  | 1                  | Assamese  | Assamese | Assamese   | Assamese |
|                         | 2                  |   |          |            |          |
|                         | 3                  |   |          |            |          |
|                         | 4                  |   |          |            |          |
|                         | 5                  |   |          |            |          |
| Foreign Lang. Known     | 1                  |   |          |            |          |
|                         | 2                  |   |          |            |          |
|                         | 3                  |   |          |            |          |
| Address Details         |                    |   |          |            |          |
| Permanant Address       |                    | VIII - Balikuchi P.O. Balikuchi<br>Dist: Nalbari        |          | City       |          |
|                         | State/UT           | Assam   |          | Pin Code   |          |
| Present Contact Address |                    | VII - Balikuchi P.O. Balikuchi<br>Dist: Nalbari (Assam) |          | City       | Assam    |
|                         | State/UT           |   | Pin Code | 781126     |          |
|                         | Phone (Off)        |   | Fax.     |            |          |
|                         | Phone(Res)         |   | Mob No   | 9707052749 |          |
|                         | E-Mail (Mandatory) |   |          |            |          |

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

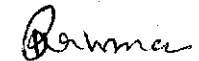
| Experience            |       |                                 |    |
|-----------------------|-------|---------------------------------|----|
| Type of Posting       |       | Level                           |    |
| Designation           |       | Present Position                |    |
| L.D.C                 |       |                                 |    |
| Ministry              |       | Department                      |    |
|                       |       | Brahmaputra Board               |    |
| Office                |       | Place                           |    |
| North Guwahati circle |       | North Guwahati circle, North Bm |    |
| 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 : \_\_\_\_\_ Place : \_\_\_\_\_  
Information checked and verified - by \_\_\_\_\_  
Signature of Officer 

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