

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

| | | | | | | | |
|---------|-----|-------------------|-----------|-----------|--|--------|------------------------------------|
| Service | CSS | Cadre Engineering | Organized | Sub Cadre | | Id No. | will be alerted by CSDivision, LNB |
|---------|-----|-------------------|-----------|-----------|--|--------|------------------------------------|

Select List Year (Allot Year)

Name Details

| | | | | |
|----------|------------|-------------|-----------|--------------------|
| Title | First Name | Middle Name | Sure Name | Initials |
| HAZARIKA | JIAUDDIN | AHMED | HAZARIKA | <i>J. Hazarika</i> |

CSL No./
SCSL No: (if known)

| | | | | | | |
|-----|---------------------------------------|------------------------------|---------------|-----------|--------------------|-----------|
| Sex | <input checked="" type="radio"/> Male | <input type="radio"/> Female | Date of Birth | 01-2-1957 | Date of Retirement | 28-2-2017 |
|-----|---------------------------------------|------------------------------|---------------|-----------|--------------------|-----------|

Community

ASSAMESE MUSLIM

Father's Name

LATE MD. SALEH HAZARIKA

Birth Details

| | | | | | |
|----------------|----------------|----------------------------|----------|-------------|--------|
| Birth Place | PURANIGUDAM | Birth State/UT | ASSAM | Nationality | INDIAN |
| Birth District | NAGAON | Mother Tongue | ASSAMESE | | |
| Domicile | ASSAM | Physically Handicap Status | No. | | |
| Blood Group | B + (Positive) | Identification Marks | | | |

Marital Details

| | | | |
|--------------------|---------|-------------|---------------------|
| Marital Status | MARRIED | Spouse Name | MRS. SABANA PARBEEN |
| Spouse Nationality | INDIAN | | |

Joining Details

| | | | | | |
|-----------------------|---------------------------------|--------------|-----------|--------------------|-----------|
| Source of Recruitment | Direct Recruitment on selection | Joining Date | 09-5-1983 | Retirement Details | 01-2-2017 |
|-----------------------|---------------------------------|--------------|-----------|--------------------|-----------|

Departmental Examination Details

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

| | |
|------------------|--|
| Remarks (if any) | |
|------------------|--|

Language Known

| | | Read | Write | Speak | |
|------------------------|---|----------|--------|--------|--------|
| Indian Languages Known | 1 | ENGLISH | FLUENT | FLUENT | FLUENT |
| | 2 | ASSAMESE | FLUENT | FLUENT | FLUENT |
| | 3 | HINDI | FLUENT | FLUENT | FLUENT |
| | 4 | BENGALI | FLUENT | FLUENT | FLUENT |
| | 5 | URDU | FLUENT | FLUENT | FLUENT |
| | | | | | |
| Foreign Lang. Known | 1 | ENGLISH | FLUENT | FLUENT | FLUENT |
| | 2 | | | | |
| | 3 | | | | |

Address Details

| | | | |
|-------------------------|--|----------|------------|
| Permanent Address | | City | |
| | State/UT | Pin Code | |
| Present Contact Address | House No. 42, Bykoe - 6, Tarcea Nagar, Guwahati - 5 | City | GUWATI |
| | State/UT | Pin Code | 781005 |
| | Phone (Off) | Fax. | |
| | Phone (Res) | Mob No | 9435010044 |
| | E-Mail (Mandatory) | | |

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

| | | | | | |
|--------------------------------------|--|----------------------|---------------------------|----------------------|--|
| Qualification | | Discipline | | Specialization 1 | |
| H.S.S.L.C. | | | | | |
| Year | | Division | | Specialization 2 | |
| 1974 | | First Class 3rd Divn | | | |
| Institution | | University | | Country | |
| Nagaon Govt. Higher Secondary School | | | | INDIA | |
| Experience | | | | | |
| Type of Posting | | | Level | | |
| OTHER | | | | | |
| Designation | | | Present Position | | |
| Head Asstt. | | | Head Assistant | | |
| Ministry | | | Department | | |
| Ministry of Water Resour | | | Brahmaputra Board | | |
| Office | | | Place | | |
| Roing Division, Brahmaputra Board | | | Roing (Arunachal Pradesh) | | |
| Experience Subject | | | Period of Posting | | |
| Major | | Minor | | To | |
| | | | | 09-05-1983 Till date | |

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 | |
| | | | | | |
| Sponsoring Authority | | Period of Training | | Duration | |
| | | From To | | (in Weeks) | |
| | | | | ● Qualified | |
| | | | | ○ 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: Roing (Arunachal Pradesh)

Information checked and verified – by

Signature of Officer

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