

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Server	CSS	Cadre		Sub cadre		ID No 348	will be alerted by CS division. LNB
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Select List Year (Allot year)

Name Details

Title First Name Middle Name Sue Name

SRI KHABIRUDDIN AHMED Initial *KAB*

CSL No./ SCSL No. (if known)

Sex	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	1/8/1969	Date of Retirement	31-07-2029
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Community

INDIAN

Religion

MUSLIM

Father's Name

LATE DORBESUDDIN AHMED

Birth Details

Birth Place	VILL - BORDDONGA BATAKUCHI	Birth Stat/UT	ASSAM	Nationality	INDIA
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Birth District	KAMRUP	Mother Tongue	ASSAMIES
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Domicile	ASSAM	Physically Handicap Status
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Blood Grup	A + Ve.	Identificaation Marks	CUT MAARK OF RIGHT FOOT
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Marital Status

Marital Status	MARRIED	Spouse Name	LILIMA AHMED
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Spouse Nationality	Indian
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Joining Details

Source of Recruitment		Joining Data	8/11/1993	Retirement Details	31-07-2029
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Departmental Examination Details

Level

Year

Rank

1

2

3

Remarks (if any)				
Language Known				
		Read	Write	Speak
Indian Languages Known	Assamese	Yes	Yes	Yes
	Hindi	Yes	Yes	Yes
Foreign Languages Known				
Address Details				
Permanent Address	Vill. BORDONGA BOTAKUCH		City	RANGIA
	State/UT	Assam	Pin Code	781350
Permanent Address	Vill. BORDONGA BOTAKUCH		City	RANGIA
	State/UT	ASSAM	Pin Code	781350
	Phone(Of)		Fax	
	Phone(R)		Mob No	9401241966
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
CLASS- IX					
Year	Division	CGPA		Specialization 1	
Institution	University		Place	County	
			KAMRUP	INDIA	

Experience			
Type of Posting		Level	
Designation		Present Position	
DRILING HELPER		DRILING HELPER	
Ministry		Department	
MINISSTRY OF WAATER RESOURCES		BRAHMAPUTRA BOARD	
Office		Place	
MIRZA SUB-DIVISION		MIRZA	
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)
			Result
			<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 _____
 Signature of Officer

Section Officer	Ministry/Deapaartment	
E- mail ID	Room No	Buildidng Name
Phone No	Wing No	