

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
ALI	KHAIRAT		ALI	✓ <i>AK</i>

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	25-10-1964	Date of Retirement	31-10-2024
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Community

General

Religion

Islam

Father's Name

Kate - Khairat Ali

Birth Details

Birth Place	Kamrup	Birth State/UT	ASSAM	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	B (+ve)	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mrs. Sakina Begum
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Appointment	Joining Date	09-09-1983	Retirement Details	20 31-10-2024
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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					
	4					
	5					
Foreign Lang. Known	1					
	2					
	3					

Address Details			
Permanant Address	vill - Matowachaki P.O. Dhumnichaki DIST - Dibrugarh		City Mangaldai
	State/UT	ASSAM	Pin Code 784145
Present Contact Address	DO		City Mangaldai
	State/UT	ASSAM	Pin Code 784145
	Phone (Off)		Fax.
	Phone(Res)		Mob No 9707945710
	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		
Institution		University		Place	Country

Experience

Type of Posting		Level			
Designation		Present Position			
DWC - Khalasi		DWC - Khalasi			
Ministry		Department			
Ministry of water resources		Brahmaputra Board			
Office		Place			
Nalbari Division		Nalbari			
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		
2011	'D' Group non metric employee		Field work		
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 _____

[Signature]
Signature of Officer

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