

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	SACION ASSISTANT	Sub Cadre		Id No.	will be allotted Divisional
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Select List Year (Allot Year)

1983.

Name Details

Title	First Name	Middle Name	Sur Name	Initials
MR SAYED	NADIM		HUSSAIN	SA.

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-09-1958	Date of Retirement	31st-08-2018
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Community

GENERAL.

Religion

ISLAM.

Father's Name

LATE SAYED TAMIJUL HUSSAIN

Birth Details

Birth Place	JORHAT	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	JORHAT	Mother Tongue	ASSAMESE.		
Domicile	ASSAM.	Physically Handicap Status			
Blood Group	B + ve.	Identification Marks	ONE CUT MARK RIGHT HAND BACK SIDE		

Marital Details

Marital Status	MARRIED	Spouse Name	MRS. SAYADA MAMUD BEGUM.
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment		Joining Date	13-10-1983	Retirement Details	AUGUST 31st 2018
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Marks (if any)

Language Known

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

Address Details

Permanant Address	ROYAL ROAD		City	JORHAT
	State/UT	ASSAM.	Pin Code	785002
Present Contact Address	ROYAL ROAD		City	JORHAT.
	State/UT	ASSAM.	Pin Code	785002.
	Phone (Off)	03775273698	Fax.	
	Phone(Res)		Mob No	9435247295
	E-Mail (Mandatory)			

on (Use extra photocopy sheets for multi qualifications, experience, training, awards details.

Qualification H.S.L.C.		Discipline		Specialization 1	
Year 1978		Division III		CGPA	
Specialization 2		Institution BAHONA HIGH SCHOOL		Place JORHAT	
University		Country INDIA.			

Experience		Type of Posting		Level	
Designation		Present Position			
Ministry MOWA, RD & GR.		Department BRAHMAPUTRA BOARD			
Office MAJULI SUB-DIVISION - III		Place KAMALABARI, MAJULI			
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	
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 _____

Syed Nadeem Hussain
Signature of Officer

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