

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title First Name Middle Name Sur Name

MD NOOR ALAM Initials

CSL No./
SCSL No: (if known)

Sex Male Female Date of Birth 01-03-1989 Date of Retirement 28-02-2049

Community General Religion Muslim

Father's Name MD NUR ISLAM ALI

Birth Details

Birth Place GAREMARI Birth State/UT Assam Nationality INDIAN

Birth District BARPETA Mother Tongue ASSAMESE

Domicile Assam Physically Handicap Status

Blood Group O +ve Identification Marks A BLACK MOLE IN THE LIP

Marital Details

Marital Status Un Married Spouse Name

Spouse Nationality

Joining Details

Source of Recruitment Joining Date 05-12-2013 Retirement Details

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	Limited	Fluent
	3	BENGALI	Fluent	Fluent	Limited
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Limited
	2				
	3				
Address Details					
Permanant Address		VILL- GAREMARI, PO- PACHIM MAZDIA DIST- BARPETA, ASSAM, PIN-781305		City BARPETA	
	State/UT	Assam	Pin Code	781,305	
Present Contact Address			City	NAGAON	
	State/UT	Assam	Pin Code	782,003	
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923	
	Phone(Res)	9,706,199,198	Mob No	9,435,181,077	
	E-Mail (Mandatory)	noor.alam1230@gmail.com			

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

Qualification		Discipline		Specialization 1	
DIPLOMA IN CIVIL ENGINEERING		CIVIL ENGINEERING			
Year		Division		CGPA	
2,011		1ST CLASS		71.75	
Institution		University		Place	
ASSAM ENGINEERING INS		SCTE, ASSAM		GUWAHATI	
				INDIA	

Experience

Type of Posting		Level			
Designation		Present Position			
Ministry		Department			
Office		Place			
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	
0		INDUCTION TRAINING		FIELD VISIT AND TECHNICAL CONSULTING	
Level		Institute Name, Place		Field Visit Country	
				ASSAM, INDIA	
				DHOLAHAHIGHULI,MAJULI	
Sponsoring Authority		Period of Training		Duration	
		From		(in Weeks)	
BRAHMAPUTRA BOARD		To			
		25-12-2013		30-12-2015	
				1	
				<input checked="" type="radio"/> Qualified <input type="radio"/> Not Qualified	

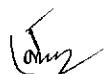
Awards/Publications

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