

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service CSS	Cadre	GROUP- D	Sub Cadre	Id No.
Subject List Year (Allot Year)	198.			

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr	NURUL		ISLAM	V.N. D. Long
CSI No / SCSI No: (if known)				
Sex	Male	Female	Date of Birth	Date of Retirement
			17-11-1960	30-11-2020
Community	General	Religion	Hindu	
Father's Name	Late Nabi Ullah.			

Birth Details

Birth Place	Jehanbari	Birth State/UT	Assam	Nationality	INDIAN
Birth District	Jehanbari Jengagaoon	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mammasni Begume
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Appaointment	Joining Date	9-9-1983	Retirement Details	30-11-2020
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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	No	No	Limited
	3				
	4				
	5				
Foreign Language Known	1	ENGLISH	Fluent	Fluent	Limited
	2				
	3				

Address Details

Permanent Address:	Vill - Dehargari, P.O - Aonguri P.S - Sarbhog		City	Barpeta.
	State/UT	Assam	Pin Code	
Present Contact Address:	Saorgin Division, Sarakomayita Bazar		City	Raorgin
	State/UT	Assam	Pin Code	781354
	Phone (Off)	03621241672	Fax.	
	Phone (Res)		Mob No	8452961971
	E Mail (Mandatory)			

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

Qualification <i>Class X</i> Year <i>1980</i>	Discipline	Specialization 1
Institution <i>Rupahi High School</i>	Division <i>Sarbhag</i>	Specialization 2
University	Place	Country
	<i>India</i>	

Experience

Type of Posting	Level
Designation <i>tehalashi</i>	Present Position
Ministry <i>MOWR RD & GR</i>	Department <i>BRAHMAPUTRA BOARD</i>
Office <i>Langia Division</i>	Place <i>Langia</i>
Experience Subject Major	Period of Posting From
Minor	To
	<i>9-9-83</i>
	<i>continue</i>

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	Field Visit Place (within India)	
Period of Training	Duration	Result
From	(in Weeks)	<input type="checkbox"/> <input type="checkbox"/>
To		<input type="checkbox"/> <input type="checkbox"/>

Awards/Publications

Type of Activity :	<input checked="" 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 _____

MD Nawaz 18/04
Signature of Officer

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