

DR Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Islam	Nurul		Islam	- NURUL

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	13-10-1961	Date of Retirement	31-10-2021
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Community: Geozetal Religion: Islam

Father's Name: Late - Kalamuddin's Sheikh

Birth Details

Birth Place	Pitram Bigni	Birth State/UT	Assam	Nationality	Indian
Birth District	Sivasagar	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O(+ve)	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Mrs. Anima Begam
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Appointment	Joining Date	09-09-1983	Retirement Details	31-10-2021
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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
	2	Hindi	Fluent	Fluent
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	vill - Pukambijni P.O. Bijni DIST - Sivasang ASSAM		City	Bijni
	State/UT	ASSAM	Pin Code	788390
Present Contact Address	DO		City	Bijni
	State/UT	ASSAM	Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9957753690
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
<i>Class - VIII</i>			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

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

Nurul Islam
Signature of Officer

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