

ER Sheet Data Entry Form

Basic Data OF M. SAFAR ALI

Officer ID No. Details

Service	CSS	Cadre	'c'	Sub Cadre	Id No.	503	will be alerted by CS Division, LNB
---------	-----	-------	-----	--------------	--------	-----	--

Select List Year (Allot
Year)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials
ALI	Safar		Safar Ali	SA

CSL No./
SCSL No: (if known)

Sex	<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth	31-12-62	Date of Retirement	31-12-2022
-----	----------------------------	------------------------------	---------------	----------	--------------------	------------

Community

Ahammatal

Religion

Muslim

Father's Name

Uzair Ali (Late)

Birth Details

Birth Place	Karnrup	Birth State/UT	Ahmednagar	Nationality	Indian
Birth District	Karnrup	Mother Tongue	Ahammese		
Domicile		Physically Handicap Status	Right hand write		
Blood Group	(A) positive	Identification Marks			

Marital Details

Marital Status	Married	Spouse Name	Rejina Begom
Spouse Nationality			

Joining Details

Source of Recruitment	S.E. D.I.C. Pabighat	Joining Date	9-9-83	Retirement Details	31-12-2022
--------------------------	-------------------------	-----------------	--------	-----------------------	------------

Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)

Language Known *Atharabele*

		Read	Write	Speak
Indian Languages Known	1	<i>Atharabele</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	<i>Vill + Po. Bhogpur</i>		City	<i>Kamrua 10</i>
	<i>Dist. Kamrup (Assam)</i>			
	State/UT		Pin Code	<i>781366</i>
Present Contact Address	<i>Vill + Po. Bhogpur</i>		City	
	<i>Dist. Kamrup (Assam)</i>			
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	<i>9401569183</i>
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
VII			
Year	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience			
Type of Posting	Level		
Khalasi			
Designation	Present Position		
Khalasi			
Ministry	Department		
Water Resource			
Office	Place		
North Gowahati			
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	Level
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.	Building Name
Phone No.		Wing No.	