

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
						511	

Select List Year (Allot
Year)

1984

Name Details

Title	First Name	Middle Name	Sur Name	Initials
	SARUDDHAN		ALI	SARU
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	Date of Retirement
				31-12-2024
Community	INDIAN	Religion	MUSLIM	
Father's Name	LT. CHARAFUDDIN ALI			

Birth Details

Birth Place	RANGMAHAL	Birth State/UT	RANGMAHAL	Nationality	INDIAN
Birth District	KAMRUP	Mother Tongue	ASSAMISE		
Domicile	RANGMAHAL	Physically Handicap Status	PHYSICALLY FIT		
Blood Group	'O' POSITIVE	Identification Marks	ONE SPOT OF SHIKO		

Marital Details

Marital Status	MARRIED	Spouse Name	SMTI RAHIMA BEGUM
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	Selection Grade	Joining Date	Retirement Details

Departmental Examination Details

	Level	Year	Rank
1			
2	/	/	/
3			

Remarks (if any)

Language Known		Read	Write	Speak
Indian Languages Known	1	Assamise	Assamise	Assamise
	2			
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details			
Permanant Address	VILL & P.O. RANG MAHAL P.S. KAMAL PUR DIST. KAMRUP ASSAM.		City GUWAHATI
	State/UT		Pin Code 781030
Present Contact Address	VILL & P.O. RANG MAHAL P.S. KAMAL PUR DIST. KAMRUP ASSAM		City GUWAHATI
	State/UT	ASSAM	Pin Code 781030
	Phone (Off)		Fax.
	Phone(Res)		Mob No 9613363325
	E-Mail (Mandatory)		

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

Qualification		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	

Experience

Type of Posting		Level			
Designation		Present Position			
KHALASI		AT. NORTH GUWAHATI DIVI			
Ministry		Department			
M.O. W. R.		BRAHMAPURA BOARD.			
Office		Place			
NORTH GUWAHATI DIVI		RUDRESWAR.			
Experience Subject		Period of Posting			
Major		Minor		From	
				1984	
				TILL DATE	

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		Period of Training		Duration	
B. BOARD.		From		(in Weeks)	
		To			
				<input type="radio"/> Qualified <input checked="" 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.	
		Building Name	
Phone No.		Wing No.	