

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

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

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Sayadur		Rahman	S. Rahman

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.07.1957	Date of Retirement	3.06.2017
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Community

General

Religion

Muslim

Father's Name

Late Mangla Seikh

Birth Details

Birth Place	2 No. Dhuhi	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup (R)	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	B +ve	Identification Marks	A cut mark on left hand finger		

Marital Details

Marital Status	Married	Spouse Name	Aisha Begum
Spouse Nationality	Indian		

Joining Details

Source of Recruitment		Joining Date	01.04.1982	Retirement Details	30.06.2017
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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	Fluent	Fluent	Fluent
	3	Bengali	Fluent	Fluent	Fluent
	4				
	5				
Foreign Lang. Known	1	English	Fluent	Fluent	Limited
	2				
	3				

Address Details

Permanant Address	Vill-2 No. Dhuhi, P.O. Dhuhi		City	
	State/UT	Assam	Pin Code	781,350
Present Contact Address	Same as above		City	
	State/UT		Pin Code	
	Phone (Off)		Fax.	
	Phone(Res)		Mob No	9959237246
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1	
HSLC passed					
Year	Division	CGPA	Specialization 2		
1,975					
Institution		University		Place	Country
Rangia High Madrasa					India

Experience

Type of Posting		Level			
OTHER					
Designation		Present Position			
See/ Assst.		Regular			
Ministry		Department			
MoWR RS & GR, GOI		Brahmaputra Board			
Office		Place			
Guwahati Division		Basistha			
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	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	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 _____

Sayedul Raheem
Signature of Officer

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