

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	'e'	Sub Cadre		Id No.	523	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

1983

Name Details

Title	First Name	Middle Name	Sur Name	Initials
MD.	TAFIK		ALI	Tafik Ali

CSL No./

SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	12-06-63	Date of Retirement	30-06-23
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Community

Assamese

Religion

Islam

Father's Name

LATE BHULU ALI

Birth Details

Birth Place	Dhuhibala	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	O+	Identification Marks	cut mark in right forearm.		

Marital Details

Marital Status	Married	Spouse Name	Lasima Begum
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	S.E. Dehang part. circle,	Joining Date	06.06.83	Retirement Details	30.06.23.
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Departmental Examination Details

	Level	Year	Rank
1	Short term basic training on office procedure.	2009	Passed.
2			
3			

Remarks (if any)

Language Known

		Road	Write	Speak
Indian Languages Known	1	Assamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	Hindi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

Address Details

Permanant Address	Vill- Dhulikala, P.O. Dhuki Kamrup, Assam.		City	
	State/UT	Assam	Pin Code	781350
Present Contact Address	North Guwahati Division Brahmaputra Board Galg-30		City	
	State/UT	Assam	Pin Code	781030
	Phone (Off)		Fax	
	Phone(Res)		Mob No	9957946734
	E-Mail (Mandatory)			

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

Qualification <i>Read up to class 8</i>		Discipline		Specialization 1	
Year		Division		Specialization 2	
Institution		University		Place	
				Country <i>India</i>	

Experience			
Type of Posting <i>Office Peon</i>		Level	
Designation <i>Office peon</i>		Present Position <i>Same</i>	
Ministry <i>Ministry of Water Resources</i>		Department <i>Assamaputra Board</i>	
Office <i>North Guwahati Division</i>		Place <i>Rudreswar, Ghy-20</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
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
Sponsoring Authority	Period of Training	Duration	Result
	From	To	<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 _____ Signature of Officer _____

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