

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Group D, other person	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.	Taizuddin		Ahmed	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-02-1956	Date of Retirement
Community		Religion	Muslim	
Father's Name		Late Tamir Ali		

Birth Details

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

Marital Details

Marital Status	Married	Spouse Name	Mrs. Latifa Nahar
Spouse Nationality	Indian		

Joining Details

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

Address Details

Permanant Address	vill. & PO- Baranghati Kamrup Assam		City	Rangia
	State/UT		Pin Code	
Present Contact Address	Nalbari Circle, Buxmaharji Board, Nalbari, Assam		City	Nalbari
	State/UT		Pin Code	781337
	Phone (Off)	03624 223970	Fax.	
	Phone (Res)		Mob No	9854465715
	E-Mail (Mandatory)			

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

Qualification HSLC passed	Discipline		Specialization 1
Year 1985	Division	CGPA	Specialization 2
Institution	University	Place	Country

Experience

Type of Posting	Level		
Designation Office Peon	Present Position Regulate		
Ministry Ministry of Water Resources	Department Brahmaputra Board		
Office o/p in supervising Engineer, Nalbari Circle	Place Nalbari		
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 _____

J Ahmad

Signature of Officer

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