

## ER Sheet Data Entry Form

## Basic Data

## Officer ID No. Details

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

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
	Mr. Taslim		Ali	Taslim

CSL No./  
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	30-11-1963	Date of Retirement	30-11-2023
Community	GENARAL		Religion	ISLAM		

Father's Name  
LATE Ali Akmed

## Birth Details

Birth Place	MEDA	Birth State/UT	ASSAM	Nationality	INDIAN
Birth District	BARDETA	Mother Tongue	Assamese		
Domicile		Physically Handicap Status	NO		
Blood Group	APOST	Identification Marks			

## Marital Details

Marital Status	MARRIED	Spouse Name	FARSA BAGAM
Spouse Nationality	INDIAN		

## Joining Details

Source of Recruitment	BRAHMAPTA BOARD	Joining Date	19-1-1984	Retirement Details	30-11-2023
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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	ASSAMEES	>Fluent	>Fluent
	2			>Fluent
	3			
	4			
	5			
Foreign Lang. Known	1			
	2			
	3			

**Address Details**

Permanant Address	vill. MEDA		City	
	P.O.+P.S. SORBHOG			SORBHOG
	State/UT		Pin Code	781317
Present Contact Address	Brahmaputra Board + albari		City	Nalbari
	State/UT	Assam	Pin Code	
	Phone (Off)	03662220572	Fax.	
	Phone(Res)		Mob No	9854942452
	E-Mail (Mandatory)			

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

Qualification <i>class 2</i>		Discipline		Specialization 1	
Year	Division		CGPA	Specialization 2	
Institution		University		Place	Country

**Experience**

Type of Posting			Level		
<i>Khalasli</i>					
Designation			Present Position		
<i>PWE ILL</i>			<i>PWE. ILL.</i>		
Ministry			Department		
Office			Place		
<i>ministry of water resources</i>			<i>Nalbari</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	( 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 : *Nalbari*

Information checked and verified - by \_\_\_\_\_

*Taslim Ali*  
Signature of Officer

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