

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	SACTION ASSISTANT	Sub Cadre		Id No.	194	will be allotted by CS Division, LNR
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Select List Year (Allot Year)

1980

Name Details

Title First Name Middle Name Sur Name

MR JAHIRUL HUSSAIN HAZARIKA. Initials JH. Hazarika.

CSL No./
SCSL No: (if known)

Sex Male Female Date of Birth 01-07-1956 Date of Retirement 31st-08-2016.

Community GENERAL Religion ISLAM.

Father's Name LATE NAZAMAL HUSSAIN HAZARIKA.

Birth Details

Birth Place JORHAT Birth State/UT ASSAM Nationality INDIAN

Birth District JORHAT Mother Tongue ASSAMESE

Domicile ASSAM Physically Handicap Status

Blood Group B +ve Identification Marks ONE CUT MARK LEFT HAND BACK SIDE.

Marital Details

Marital Status MARRIED Spouse Name MRS ALIS BEGUM HAZARIKA

Spouse Nationality INDIAN

Joining Details

Source of Recruitment Brahmaputra Bondi Joining Date 3rd MARCH 1980 Retirement Details AUGUST 31ST 2016

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				
	4				
	5				
Foreign Lang. Known	1	ENGLISH	FLUENT	FLUENT	FLUENT
	2				
	3				

Address Details				
Permanant Address	OLD CIRCUIT HOUSE ROAD		City	JORHAT.
	State/UT	ASSAM	Pin Code	785001
Present Contact Address	OLD CIRCUIT HOUSE ROAD		City	JORHAT
	State/UT	ASSAM	Pin Code	785001
	Phone (Off)	03775273698	Fax.	
	Phone(Res)		Mob No	9401386215
	E-Mail (Mandatory)			

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

Qualification		Discipline		Specialization 1
H.S.L.C.				
Year	Division	CGPA	Specialization 2	
1973	III			
Institution	University	Place	Country	
		JORHAT	INDIA	

Experience			
Type of Posting		Level	
Designation		Present Position	
Ministry		Department	
MOWR, RD & GR		BRAHMAPUTRA BOARD.	
Office		Place	
MAJULI SUB-DIVISION - III		KAMALABARI, MAJULI	
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	
2004-05	SATC	PROMOT TO J.E	
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)
	D.R.R.L.S.ATC FATASIL AMBARI GHAT 25		
Sponsoring Authority	Period of Training		Duration
	From	To	(in Weeks)
	2004	2005	1(one) Year
			Result
			<input checked="" 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 *J.H. Hazarika*

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