

| ER Sheet Data Entry Form   |                         |                                   |                    |                           |            |  |
|--|-------------------------|-----------------------------------|--------------------|---------------------------|------------|--|
| <b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b> |                         |                                   |                    |                           |            |  |
| <b>Employee No. : E1743</b>  |                         |                                   |                    |                           |            |  |
| <b>Service</b>   | -                       | <b>Designation</b>                | MTS                | <b>Sub Cadre</b>          | ---        |  |
| <b>Joining Date :12/10/2021</b>  |                         |                                   |                    |                           |            |  |
| <b>Name Details</b>  |                         |                                   |                    |                           |            |  |
| <b>Title</b>   | <b>First Name</b>       | <b>Middle Name</b>                | <b>Surname</b>     |                           |            |  |
| MR.  | BANTY                   |                                   | KUMAR              | Initials                  |            |  |
| <b>Identity Card No. :</b>   |                         |                                   |                    |                           |            |  |
| <b>Sex</b>   | MALE                    | <b>Date Of Birth (DD-MM-YYYY)</b> | 30-07-1991         | <b>Date of Retirement</b> | 31-07-2051 |  |
| <b>Community</b>   | OBC                     | <b>Religion</b>                   | HINDU              |                           |            |  |
| <b>Father's Name</b>   | ARJUN SINGH             |                                   |                    |                           |            |  |
| <b>Birth Details</b>   |                         |                                   |                    |                           |            |  |
| <b>Birth Place</b>   | PRASIYA KALA            | <b>Birth State/UT</b>             | BIHAR              | <b>Nationality</b>        | INDIAN     |  |
| <b>Birth District</b>  | ROHTAS                  | <b>Mother Tongue</b>              | HINDI              |                           |            |  |
| <b>Domicile</b>  | BIHAR                   | <b>Physically Handicap Status</b> | NO                 |                           |            |  |
| <b>Blood Group</b>   |                         | <b>Identification Marks</b>       | A MOLE ON FOREHEAD |                           |            |  |
| <b>Marital Details</b>   |                         |                                   |                    |                           |            |  |
| <b>Marital Status</b>  | MARRIED                 | <b>Spouse Name</b>                | MAYA               |                           |            |  |
| <b>Spouse Nationality</b>  | INDIAN                  |                                   |                    |                           |            |  |
| <b>Joining Details</b>   |                         |                                   |                    |                           |            |  |
| <b>Source of Recruitment</b>   | SSC                     | <b>Joining Date</b>               | 16-09-2021         | <b>Retirement Date</b>    | 31-07/2051 |  |
| <b>Departmental Examination Details (If applicable)</b>                      |                         |                                   |                    |                           |            |  |
|  | <b>Level</b>            | <b>Year</b>                       | <b>Rank</b>        |                           |            |  |
| 1  |                         |                                   |                    |                           |            |  |
| 2  |                         |                                   |                    |                           |            |  |
| 3  |                         |                                   |                    |                           |            |  |
| <b>Remarks (if any)</b>  |                         |                                   |                    |                           |            |  |
| <b>Languages known</b>   |                         |                                   |                    |                           |            |  |
|  | <b>Name of Language</b> | <b>Read</b>                       | <b>Write</b>       | <b>Speak</b>              |            |  |
| <b>Indian Languages Known</b>  | HINDI                   | YES                               | YES                | YES                       |            |  |
| 2  | ENGLISH                 | YES                               | YES                | YES                       |            |  |
| <b>Foreign Languages Known</b>   | ENGLISH                 | YES                               | YES                | YES                       |            |  |
| 1  |                         |                                   |                    |                           |            |  |
| 2  |                         |                                   |                    |                           |            |  |
| 3  |                         |                                   |                    |                           |            |  |

Details of deputation (if applicable)

| Name of the Office | Post held at that time in parent office | Name of post (selected for deputation) | Period of deputation |      |
|--------------------|---|--|----------------------|------|
|                    |   |  | Since                | From |
|                    |   |  |                      |      |

Details of Foreign Visit

| Sl. No. | Place of Visit | Date of visit | Post held at that time | Whether it is a personal or official visit | Details of visit |
|---------|----------------|---------------|------------------------|--|------------------|
|         |                |               |                        |  |                  |

Transfer/Posting Detail (if applicable)

| Place | Period of posting |      |
|-------|-------------------|------|
|       | Since             | From |
|       |                   |      |

| <b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>                 |                          |                   |                   |                  |
|--|--------------------------|-------------------|-------------------|------------------|
| Qualification  |                          | Discipline        |                   | Specialization 1 |
| B.A  |                          |                   |                   |                  |
| Year   | Division                 |                   | CGPA/ % Marks     | Specialization 2 |
| 2014   | 2 <sup>st</sup> DIVISION |                   | 59                |                  |
| Institution  |                          | University        | Place             | Country          |
| R.N SAH SARVODAYA COLLEGE, SASARAM   |                          | VEER KUNWAR SINGH | GANJBHARSARA      | INDIA            |
| <b>Experience</b>  |                          |                   |                   |                  |
| Type of Posting  |                          |                   | Level             |                  |
| MTS  |                          |                   | 1                 |                  |
| Designation  |                          |                   | Present Position  |                  |
| MTS  |                          |                   | MTS               |                  |
| Ministry   |                          |                   | Department        |                  |
| MOWR   |                          |                   | CWPRS             |                  |
| Office   |                          |                   | Place             |                  |
| CWPRS KHADAKWASALA PUNE  |                          |                   | PUNE              |                  |
| Experience Subject   |                          |                   | Period of Posting |                  |
| Major  |                          | Minor             | From              | To               |
| -  |                          | -                 | -                 | -                |
| <i>Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject(minimum 1 week &amp; above)</i> |                          |                   |                   |                  |
| <b>Training</b>  |                          |                   |                   |                  |
| 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)                      |                | Qualified    |
| <b>Awards/Publications</b> |                       |                     |                                  |                |              |
| Type of Activity:          |                       |                     | Academic                         |                | Non Academic |
| Activity Area              |                       | Activity Subject    |                                  | Activity Title |              |
| Day                        | Month                 | Year                | Activity Description/Remarks     |                | Level        |
|                            |                       |                     |                                  |                |              |

Note: (i) Concerned CCS Officer is responsible for the correctness of information sent through ER Sheet Performa.

(ii) Subject to verification by the concerned administrative authorities.

Date :

Place :

Information checked and verified – by

Signature of Officer

|                 |  |                         |  |                |  |
|-----------------|--|-------------------------|--|----------------|--|
| Section Officer |  | Ministry/<br>Department |  |                |  |
| E-mail id       |  | Room NO.                |  | Building Name: |  |
| Phone NO.       |  | Wing No.                |  |                |  |