

| ER Sheet Data Entry Form | | | | | | |
|--|--|-----------------------------------|------------------------------|---------------------------|------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E1703 | | | | | | |
| Service | | Designation | MTS | Sub Cadre | --- | |
| Joining Date :16-09-2021 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | Surname | | | |
| MR. | NARENDRA | | SAINI | Initials | | |
| Identity Card No. : | | | | | | |
| Sex | Male | Date Of Birth (DD-MM-YYYY) | 12-04-1990 | Date of Retirement | 30-04-2050 | |
| Community | OBC | Religion | Hindu | | | |
| Father's Name | KALURAM SAINI | | | | | |
| Birth Details vpo- entera teh Laxmangarh dis alwar raj | | | | | | |
| Birth Place | DHALYAWAS | Birth State/UT | Rajasthan | Nationality | Indian | |
| Birth District | SIKAR | Mother Tongue | Hindi | | | |
| Domicile | PANWAR SADAN, POST-DHALYAWAS, VIA-SHRIMADHOPUR, DISTT.- SIKAR | Physically Handicap Status | No | | | |
| Blood Group | | Identification Marks | CUT MARK BEHIND ON LEFT KNEE | | | |
| Marital Details | | | | | | |
| Marital Status | MARRIED | Spouse Name | Manju saini | | | |
| Spouse Nationality | Indian | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | SSC | Joining Date | 16-09-2021 | Retirement Date | 30-04-2050 | |
| Departmental Examination Details (If applicable) | | | | | | |
| | Level | Year | Rank | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| Remarks (if any) | | | | | | |
| Languages known | | | | | | |
| | Name of Language | Read | Write | Speak | | |
| 1. Indian Language Known | HINDI | Yes | Yes | Yes | | |
| 2. Foreign Languages Known | ENGLISH | Yes | Yes | Yes | | |
| | | | | | | |
| | | | | | | |

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|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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 |
| | | |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|--|--------------------------------------|-------------------|------------------|----|
| Qualification | Discipline | | Specialization 1 | |
| B.TECH | ELECTRICAL ENGINEERING | | | |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| 2011 | First | 69.72% | | |
| Institution | University | Place | Country | |
| SOBHASARIA ENGINEERING COLLEGE, SIKAR | RAJASTHAN TECHNICAL UNIVERSITY, KOTA | SIKAR | INDIA | |
| Experience | | | | |
| Type of Posting | | Level | | |
| Temporary | | 1 | | |
| Designation | | Present Position | | |
| 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 & above)</i> | | | | |
| 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) |
| | | | Qualified |
| Awards/Publications | | | |
| 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/ Department | |
| E-mail id | | Room NO. | Building Name: |
| Phone NO. | | Wing No. | |