

| ER Sheet Data Entry Form | | | | | | |
|--|-------------------------|-----------------------------------|--------------------------|---------------------------|------------|--|
| Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE | | | | | | |
| Employee No. : E-1711 | | | | | | |
| Service | - | Designation | UDC | Sub Cadre | --- | |
| Joining Date : 24/09/2021 | | | | | | |
| Name Details | | | | | | |
| Title | First Name | Middle Name | Surname | | | |
| MR. | Ankit | | Singh | Initials | | |
| Identity Card No. : | | | | | | |
| Sex | Male | Date Of Birth (DD-MM-YYYY) | 24/02/1995 | Date of Retirement | 28/02/2055 | |
| Community | UR | Religion | Hindu | | | |
| Father's Name | Jitendra Singh | | | | | |
| Birth Details | | | | | | |
| Birth Place | Mau | Birth State/UT | Uttar Pradesh | Nationality | Indian | |
| Birth District | Chitrakoot | Mother Tongue | Hindi | | | |
| Domicile | | Physically Handicap Status | No | | | |
| Blood Group | B+ | Identification Marks | Cut mark on left eyebrow | | | |
| Marital Details | | | | | | |
| Marital Status | Unmarried | Spouse Name | NO | | | |
| Spouse Nationality | NO | | | | | |
| Joining Details | | | | | | |
| Source of Recruitment | SSC | Joining Date | 24/09/2021 | Retirement Date | 28/02/2055 | |
| Departmental Examination Details (If applicable) | | | | | | |
| | Level | Year | Rank | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| Remarks (if any) | | | | | | |
| Languages known | | | | | | |
| | Name of Language | Read | Write | Speak | | |
| Indian Languages Known | Hindi | Yes | Yes | Yes | | |
| 2 | Gujarati | Yes | Yes | Yes | | |
| Foreign Languages Known | 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 |
| S&T Department Mumbai Division in Western Railways | | |
| DRM Office Mumbai Central | 17/03/2020 | 20/09/2021 |

| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
|--|-----------------------|---------------------|----------------------------------|------------------|
| Qualification | | Discipline | | Specialization 1 |
| BE | | Electrical | | Electrical |
| Year | Division | CGPA/ % Marks | Specialization 2 | |
| 2015 | Distinction | 8.35 | | |
| Institution | University | Place | Country | |
| Govt Engg college Valsad | GTU | Valsad | India | |
| Experience | | | | |
| Type of Posting | | Level | | |
| Temporary | | 4 | | |
| Designation | | Present Position | | |
| UDC | | | | |
| 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. | | | |