ER Sheet Data Entry Form									
Name of Org	anizatio	ı : CENTF	RAL WA	TER AN	D POWER	RESE	ARCH	STATI	ON, PUNE
Employee No	. :E1737	1							
Service -	Des	Designation			MTS Sub Ca				
Joining Date	:30/09/	2021			l.		I		
Name Details									
	irst Nam	ie	Middl	e Name		name			
MR. ATUL					BRI	GHT		Initi	als
Identity Card	l No. :	·			·				
Sex MALE			Of Birth	,	11/1994	Date	-		30/11/2054
Community		ן (טט-ו	MM-YYY\ 		eligion	Retire	INDU		
Father's Nan	ne RATA	AN KUMAF		ixe	ingion		INDO		
Birth Details			•						
Birth Place	DARBH	ANGA	Birtl State/		IHAR		Natio	onality	INDIAN
Birth Distric	t DAR	BHANGA			Tongue		HIND	Ι	
Domicile	Domicile BIHAR Physically Handicap Status NO								
Blood Group B -ve			Iden	tification N	A MOLE ON THE STOMACH				
Marital Detai	ls			•			•		
Marital Status UNMARRIED				Spouse I	Name		NA		
Spouse Nat									
Joining Deta		1			1				
Source of Rec	ruitment	STA SELEC COMMIS	TION	Joining Date	3				/11/2054
Departmental	Examinat			olicable)	.	1		,	
_	Le	vel			Yea	r			Rank
1									
3									
Remarks (if									
any) Languages k	nown								
		Name of	Langua	ge	Read	V	Vrite		Speak
7 1:									
Indian Langua Known	ges								
	1	HINDI & MAITHILI			YES	,	YES		YES
Foreign Langu	ages								
Known									
	2	ENG	GLISH		YES		YES		YES

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

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

Transfer/Posting Detail (if applicable)

Place	Period of posting						
	Since	From					

Qualification	Discipline			Specialization 1				
B.Sc.			Mathematics				•	
Year	Division		CGPA/ %		′ % Maı	rks	Specia	alization 2
2017		2nd	54.		54.25%		-	
Institution		Univer	rsity Place		e		Country	
C R K College Hajipur Vaishali	´ '	ba Saheb Ambedka Univer uzaffarpı	r Bihar sity	o Haj	ipur (V	aisha		India
Experience								
Type of Pos	ting					Lev	el	
Designation	on		Present Position					
Ministry			Department					
MOWR			CWPRS					
Office			Place					
CWPRS KHADAKWA	SALA PL	JNE	PUNE					
Experience Su			Period of Posting					
Major			Minor			From		То
-								-
Note:-Refer the Annexure subject (minimum 1 wee			, Minor Su	ubjects (and belo	ow giv	en training	
Training								
Training Year		ning Nam					ining Subj	

Le	evel	Institute Name, Place			Field Visit Country			Field Visit Place (within India)		
Sponso	ring Autho	ority	Perio	d of Tr	raining Durat		ation	on Result		
	From			-	Го	(in W	eeks)		Qualified	
			•	•		•				
Awards/Publications										
	Type of Activity:				Δ	Academic		Non Academic		
Activity Area			Activity Subject				Activity Title			
			•	•						
Day	Mor	nth	Year	Activ			ctivity Lev		Level	
					Description		cription/Remarks			
						•				

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. ${\sf Place}\,\,:$

Date:

Information checked and verified - by

Signature of Officer

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