ER Sheet Data Entry Form															
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE															
Employe	e No. :														
Service	CSS	De	signa	tion	Jı		Engi	neer	Sub	Cad	re		N	IA	
Joining D	Pate: 0	1.09	.2022	2			CIVII)								
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Title		t Nar			Mid	dle I	Name		Su	rnam	1e				
MS.		GHAN	IA							N		In	itials	MN	
Identity	Card N	o. :													
Sex	FEMA	LE		Date	Of Bir	rth	05.	11.1996	5	D	ate o	f	3	0.11.205	56
				(DD-I	MM-YY	YY)				Reti	ireme	ent			
Communit							Re	eligion		HIN	IDU				
Father's		NAC	GARAJ	IU D											
Birth Det															
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Birth District		MYS	SORE	1	Stat			Tongue	9		KANI	NADA			
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Marital D	etails														
	Status	ľ	JNMAI	RRIE	)		Spouse Name					NA			
Spouse	Nation	ality	N/	Α											
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Foreign La	anguage	es													
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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

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

## Transfer/Posting Detail (if applicable)

Place	Period of posting				
	Since	From			

Qualification	(Use ext	ra photo	copy sheet	s for multi	qual	ifications, ex	perience, tr	aining, a	wards details)
Qualification			Discipline				Specialization 1		
B.E			CIV	VIL ENGINEERING					
Year D			Division		CG	SPA/ % Ma	rks	Speci	alization 2
2018	2018 HONOUR			S	9.6	56			
Institution			Unive	sity		Plac	e		Country
SJCE, Mysor	е		VTU,Bel	gaum		Myso	re		India
Experience									
Type of	f Postir	ng				Т	emporar	У	
Desig	nation					JUNI	OR ENGI	NEER	
Min	istry			Ministry of Jalshakti					
				Department of Water Resources, RD & GR					
MC	)WR			CWPRS					
Of	fice			Place					
CWPRS, KHADA	KWAS	ALA, PL	JNE	PUNE					
Experience	ce Sub	ject		Period of Posting					
Major				Minor From			n	То	
-							-		
Note:-Refer the Anne subject <b>(minimum 1</b>				, Minor S	ubje	cts and belo	ow given t	raining	
Training									
Training Year Training Nam				ne Training Subject				ject	
				T =			I		
Level Institute Name, Place				e Field Visit Country Field Visit Place (within Inc				ce (within India)	
Sponsoring Author	rity	Pe	eriod of Training			Duration		n Result	
F			om	To	)	( in W	/eeks)		Qualified

Awards/Publications								
	Type of Activit	y:		Academic	Non Academic			
	Activity Area		A	ctivity 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: 02.09.2022 Place : Khadakwasla, Pune

Information checked and verified – by

Signature of Officer

Section	Ministry	//	
Officer	Departr	ment	
E-mail id	Room N	IO. Building Name:	
Phone NO.	Wing No	0.	