			l	ER She	et D	ata E	ntry Fo	rm				
Name of C)rganiza	tion :	CENT	RAL W	ATEF	RANI	POWE	R RES	EARCH	I STAT	ΓΙΟ	N, PUNE
Employee	No.:											
Service					ecuri	ty Gu	ard	Sub (Cadre			NA
Joining Da	ate : 17.0	08.20)21									
Name Det												
Title	First N					ame			name	T -		L DIG
MR. Identity C	RA. ard No.			K	<u>(UMA</u>	K		JF	IA .	Ir	<u>iitia</u>	ls RKJ
Sex	MALE		Date	e Of Bir	th	30 1	L2.1995		Date	of		31.12.2055
JCX	MALL			MM-YY		50.1	12.1333		Retiren			31.12.203
Community						Re	ligion		HINDU			
Father's N		IVENI	ORA JHA	4								
Birth Deta		OHUB	ANT	Bir	+h		BIH	ΛD	Not	ionalit	. T	INDIAN
חוונוו צומכפ	: MAL	חטשי	AIN1	State	_		 B1H	HK .	Nat	JIIbrioi	У	INDIAN
Birth District	MA	DHUE	BANI			other	Tongue		HIN	DI	•	
Domicile				P			landicap		; [
Blood			B+			Ident	ification	Marks	М	Mole on Left Forearm		
Group												
Marital DetailsMarital StatusMarriedSpouse Name					Smt. Shail Kumari							
Spouse I	Nationalit	y	Indian									
Joining De	etails											
Source of Recruitment SSC				Date Dat			ment :e	31.	12.2055			
Departmen	tal Exami	inatio	n Detail	ls (If ap	plica	ible)						
		Leve	<u>el</u>		Year					R	ank	
2									-			
3												
Remarks	(if											
any)												
Language	s known											
			Name o	of Lang	uage		Rea	d	Write		9	Speak
Indian Lang Known	guages1		F	HINDI			YES	5	YES			YES
		SAI	SANSKRIT			YES	5	YES		NO		
	3		EN	IGLISH			YES	5	YES			NO
Foreign Lar Known												
	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

SI. 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 sheet Qualification						Specialization 1			
10 th			Discipline				pecia	IIIZation 1	
		Division	Gene	_	*DA / O/ M=	-1	C	-:-!:t: 2	
Year			Division				PA/ % Marks		cialization 2
2010	Second								
Institution Univer			Univer	sity		Place			Country
BSEB, Pat	na					Patn	a		India
Experience									
Туре	of Post	ting				T	emporary	/	
Dog	signatio	n.				Soc	curity Gua	ard	
Des	signatic	711				360	unity Gua	ai u	
Ministry						Minist	ry of Jals	hakti	
	·			Department of Water Resources, RD & GR					
MOWR				CWPRS					
	Office			Place					
CWPRS, KHAI	DAKWA	SALA, P	UNE	PUNE					
Experie	ence Su	ıbject		Period of Posting					
Majo	or			Minor			Fror	n	To
-							-		
Note:-Refer the Ar subject (minimum				Minor S	ubje	cts and belo	ow given t	raining	9
Training									
Training Year Training Nan			ing Name	ne			Training Subject		
Level Institute Name, Place			ne, Place	e Field Visit Country Field Visit Place (w			ace (within India)		
Sponsoring Auth	nority	Pe	eriod of Training			Dura	ation		Result
	,		From			(in Weeks)			Qualified
							•		

Awards	/Publications					
	Type of Activit	y:		Academic	Non Academic	
Activity Area				tivity Subject	Activity Title	
Day	Month	Year		Activity escription/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: 17.08.2021 Place: Khadakwasla, Pune

Information checked and verified - by

Signature of Officer

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