ER Sheet Data Entry Form																	
Name of	Org	aniz	ation	<u>1</u> : CE	NTR	AL	WATE	R A	ND	POWE	R R	RESEA	ARCH	I STA	TIC	ON,	PUNE
Employe	e No	. :1	770														
Service	CS	SS Designatio			ion	Laboratory Assista Grade-II			stant	Sub Cadre			NA				
Joining [Date	: 10).08.2	2022													
Name De	etails	5															
Title	F		Nam					Nan	Name Surnar					ne			
MR.			APIL								KUMAR In					als	
Identity Card No. :																	
Sex MAL		1ALE	.E Dat		Date	of Birth 23.0			3.0	3.1995 Da			Date	te of 31.03.20			03.2055
					1M-YYYY)					Retirem		nent					
Communi				THER BACKWARD CAST			E Religion			HINDU							
Father's		1e	KRIS	HAN	KUM	<u>AR</u>											
Birth Det																	
Birth Pla	ce		SAG	SAGWA			Birth I State/UT			RAJASTHAN			Nat	Nationality INDIA			INDIAN
Birth District	t	JI	HUNJI									HIN	NDI				
Domicil		JHU		JHUNU(RAJAST Physic				cally Handicap Status N				NO	IO				
Blood Group	Blood			AB+VE				Identification Marks B					BL	LACK MOLE ON RIGHT HAND			
Marital D		ls													1 17	1110	
			UN	MAR	ARRIED				Spouse Name			me	NA				
Spouse			lity														
Joining D										10.00	202	2 5			-		2055
Source of Recruitmen			nent				nıng	ate Da			etirei Dat	ment te	3	1.03	.2055		
Departme	ental	Exai	minat	ion D	etails	s (I	f applic	able	e)								
			Lev	Level				Year							Rank		
1																	
2																	
3																	
Remark any	•																
Languag	es k	now	/n														
Indian Languages Known		\top	Name of Language				Read			W	Write			Speak			
1		Н	HINDI			YES		5	YES			YES		S			
2		EN	NGLISH			YES		S YES		YES	YES		S				
3																	
Foreign La	anqu	ages	5														
Known	٠. ي	, , , ,															
		1															
		2															
3																	

			Post held at th time in parent of				(sele	ame of post selected for deputation		Period of Since		f deputation	
												From	
				Detail	s of	 Foreig	n Vie	sit					
CI	Dlace	of Vicit		Date			t held		Wheth	or it	Do	tails of visit	
SI. Place of Visit No.				visit				me	is persor	is a rsonal or icial visit		talis of visit	
			Tran	sfer/Post	ing I	Detail	(if a _l	pplicab	le)				
	Place						Pe	riod of	postin	a			
1 lace					ince				From				
Q	ualification	(Use ext	ra phot	ocopy shee	ts for	multi q	ualific	cations, o	experien	ce, trai	ning, a	wards details)	
	Qualification		•	1,		isciplii		<i>'</i>		Specialization 1			
10 th				<u> </u>		Genera				Cnesialiastica 2			
Year				Division	1	- (CGPA	GPA/ % Marks		Specialization 2 10 TH			
2010				FIRST				73.67 80.80			10 TH SCIENCE		
2012 Qualification				FIRST Unive			Place			Country			
SCIÉNCE C B (U				AHEED S LLEGE O SINESS : NIVERSIT LHI)	DIES		DELHI			India			
				IRST				69.82		C	COMPUTER SCIENCE		
Expe	rience	f Dootin	.~						TEMPO		,		
Type of Posting					TEMPORARY								
Designation					LABORATORY ASSISTANT GRADE-2								
Ministry					Ministry of Jal Shakti Department of Water Resources, RD & GR								
MoJS					CWPRS								
Office					Place								
CWPRS, KHADAKWASALA, PUNE					PUNE Poriod of Posting								
Experience Subject					Period of Posting					т.			
Major -					Minor From						To -		
subjec	Refer the Anr ct (minimum				r, Mii	nor Sul	bjects	s and be	elow giv	ven tra	nining	1	
Training Training Year Training Nar					ne	ne Training Subject				ject			
Level Institute Name, Place					e I	Field Visit Country Field Visit Place (within				ce (within Ind			
	i A. II			امستحط - ۲۰	Tes:	nin -	T		.unt:			Result	
C	Sponsoring Authority			PLIOU UL	ıraır	raining To		Duration (in Weeks		- 1		RACILIT	
Spon	soring Autho	JI ILY		rom	11411					.\		Qualified	

Awards/Publications								
	Type of Activit	y:		Academic	Non Academic			
	Activity Area		Act	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: 25.08.2022 Place: Khadakwasla, Pune

Information checked and verified – by

Signature of Officer

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