

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1706						
Service	-	Designation	M.T.S	Sub Cadre	---	
Joining Date :09/09/2021						
Name Details						
Title	First Name	Middle Name	Surname			
MR.	GOPAL		TIWARI	Initials		
Identity Card No. :						
Sex	MALE	Date Of Birth (DD-MM-YYYY)	31/01/1978	Date of Retirement	31/01/2038	
Community			Religion	HINDU		
Father's Name	LATE JAGADISH TIWARI					
Birth Details						
Birth Place	ARA BIHAR 802301	Birth State/UT	BIHAR	Nationality	INDIAN	
Birth District	BHOJPUR	Mother Tongue		HINDI		
Domicile	ARA	Physically Handicap Status		NO		
Blood Group	A-	Identification Marks		A CUT MARK ON CHIN		
Marital Details						
Marital Status	MARRIED	Spouse Name		REKHA TIWARI		
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	SSC	Joining Date	09/09/2021	Retirement Date	31/01/2038	
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						
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

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
B.A.				
Year	Division	CGPA/ % Marks	Specialization 2	
2004	2 ND	54		
Institution	University	Place	Country	
DEPT. OF ART	OSMANIA UNIVERSITY	HYDERABAD	INDIA	
Experience				
Type of Posting		Level		
Temporary		1		
Designation		Present Position		
M.T.S				
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.			