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Father Birth D	's Name	SAN	ATAN I	DEY												
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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

Transfer/Posting Detail (if applicable)

Place	Period of posting						
	Since	From					

Qualificatio	n (Use ex	ctra photo	copy shee	ts for mult	i qua	lifications, exp	erience, tr	aining, av	vards details)		
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B.I.T. SINI	DRI	V	BU HAZA	ARIBAGH		DHANE	BAD		INDIA		
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Training		•									
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Sponsoring Authority Period of				Training		Dura	uration Result				

	From			To (in Weeks)			Qualified		
Awards	s/Publications								
	Type of Activit		Academic			Non Academic			
Activity Area				Activity Subject			Activity Title		
Day	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.		