

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :</b>						
<b>Service</b>	-	<b>Designation</b>	GDMO - CHS	<b>Sub Cadre</b>	---	
<b>Joining Date : 17/05/2021</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>		<b>Initials</b>	
Dr.	ANUPAMA				K P	
<b>Identity Card No. :</b>						
<b>Sex</b>	Female	<b>Date Of Birth (DD-MM-YYYY)</b>	23/05/1995	<b>Date of Retirement</b>	31/05/2060	
<b>Community</b>	OBC - EZHAVA	<b>Religion</b>	HINDHU			
<b>Father's Name</b>	PARAMESWARAN K K					
<b>Birth Details</b>						
<b>Birth Place</b>	AVINISSERY	<b>Birth State/UT</b>	KERALA	<b>Nationality</b>	INDIA	
<b>Birth District</b>	THRISSUR	<b>Mother Tongue</b>	MALAYALAM			
<b>Domicile</b>	KERALA	<b>Physically Handicap Status</b>	No			
<b>Blood Group</b>	A POSITIVE	<b>Identification Marks</b>	A Black mole on right forearm			
<b>Marital Details</b>						
<b>Marital Status</b>	Unmarried	<b>Spouse Name</b>	NA			
<b>Spouse Nationality</b>	NA					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	UPSC - CMS	<b>Joining Date</b>	17/05/2021	<b>Retirement Date</b>	31/05/2060	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1						
2						
3						
<b>Remarks (if any)</b>						
<b>Languages known</b>						
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>		
<b>Indian Languages Known</b>	Malayalam	Yes	Yes	Yes		
2	Hindi	Yes	Yes	Yes		
<b>Foreign Languages Known</b>	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

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification	Discipline		Specialization 1
MBBS			
Year	Division	CGPA/ % Marks	Specialization 2
2019	First Class		
Institution	University	Place	Country
Jubilee Mission Medical College and Research Institute , Thrissur , Kerala state	Kerala University Of Health Sciences, Thrissur , Kerala state	Thrissur District , Kerala State	India
<b>Experience</b>			
Type of Posting		Level	
On Probation		Level - 10	
Designation		Present Position	
GDMO - CHS		GDMO - CHS	
Ministry		Department	
MOH & FW		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 &amp; above)</i>			
<b>Training</b>			
Training Year	Training Name		Training Subject
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)

Sponsoring Authority		Period of Training		Duration	
		From	To	( in Weeks)	Result
				Qualified	
<b>Awards/Publications</b>					
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.			