ER Sheet Data Entry Form																	
Basic	: Da	<u>ata</u>															
Office	r II) No. [Details														
Servi	ervice CSS Ca			Cadre		Minister		r	Su Cad	-	N		A		Id No		Will be allocated by CS Division, LNB
			Year (All	ot Ye	ar)												
Name																	
	Tit			Firs	st Name							Surname			ame		
Mr.		GOKUI	_			Т.							Ini	tials	DA:	S	
CSI	_ No	o./															
SCS	SL N		known)														
Sex	$\sqrt{}$	Male			Date O Birth	f		26.07.1995 Date Retire			of ement			3:	1.07.2055		
Comr	nun	ity	HINDU	l			Religion HINDU										
	Father's Name THULASI DAS G																
Birth Details																	
Birth Place KARUKACHAL				Birth KERALA State/UT				Nationality			IN	IDIAN					
Birt	h D	istrict	KOT	ΓΑΥΑΙ	М		Mother Tongue N						MA	ALAYA	LAM		
Do	mic	ile	KERALA	١		Physically Handicap Status						Н	HEARING IMPAIRMENT			AIRMENT	
Blood Group O+					Identification Marks					1.MOLE ON RIGHT SIDE OF NECK 2.MOLE ON NOSE							
						M	1arita	al D)eta	ils							
Mari	tal	Status		UNM	IARRIED)	Spouse Name										
Spo	ouse	e Natio	nality														
						Jo	oinin	gΣ	Deta	ils							
Source of Recruitment CWPRS					Joining 09.09.2020 Date			Retirement Details			3:	1.07.2055					
Depai	rtm	ental E	xamina	ion D	etails				•								
Level								Year					Rank				
1				NIL				NIL						NIL			
2				NIL				NIL					NIL				
3	NIL							NIL					NI	L			

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			
	NIL	NIL	NIL	Since	From		
	NIL	NIL	NIL	NIL	NIL		

Details of Foreign Visit

SI. No.	Place of Visit	Date of visit	Post held at that time	Whether it is a	Details of visit
				personal or	
				official visit	

NIL	NIL		NIL		NIL	NIL		NIL		
·	Transi	sfer/Posting Detail (if applicable)								
Place				Period of posting						
			Sin		From					
NIL			NI	L			N	IIL		
Remarks (if any)										
Language known										
					ead	Writ		Speak		
Indian Language Known	1	HIND	I	`	YES	YES	5	YES		
	2	ENGLI	SH	'	YES	YES	5	YES		
	3	MALAYA	LAM	`	YES	YES	5	YES		
Foreign Language	25	NIL			NIL	NIL		NIL		
1										
2		NIL			NIL	NIL	-	NIL		
3		NIL			NIL	NIL	-	NIL		
Address Details										
Permanent Address	IVELIL E,MAMMO LLAMATT <i>A</i> GANACHE LYAM, A - 68653	AM, ERRY,	City				KOTTAYAM			
		State/l	UT		KERALA	Pin o	code	686536		
Present Contact Address		-			City	У				
	State/	UT		MAHARASHTRA		Pin Code Fax				
	Phone	(Off)								
	Phone	(Res)				Mob No		8547572301		
	E-Mail	(Mandat	ory)		gokult85@gn			mail.com		
Qualificatio	n (Use ext	ra photoco	py sheets for mu	lti qua	lifications, exp	erience, tı	aining, a	wards details)		
Qualifica	tion		Disci	Discipline			Specialization 1			
1. B.Te	ech		CI	VIL		Civil Enginee		ering		
Year		Div	/ision	CGPA		Spe		alization 2		
2017			Division		7.28					
Institution		Jniversity		Place			Country			
COLLEGE C		IN UNIVERSI					INDIA			
ENGINEERII KIDANGOOR,KO KERALA		SCIENCE AND CHNOLOGY)	KERAL	_A					
Experience										
Type of	Posting	-			GRO	OUP `B'				
								· · · · · · · · · · · · · · · · · · ·		
Desig	nation				Draftsm	nan Grad	de-I			

Ministry					MINISTRY OF JAL SHAKTI							
	ffice		CWPRS, PUNE									
	Experier	nce Subj	ect				Period	of Pos	sting			
	Maj	or			Mir	nor		F	rom		То	
Note:-Re	fer the A	Innexure	to fill abo	ve Majoi	r, Minor	Subje	ects and bel	ow give	en tra	ainin	g subject	
Training												
Trainin	g Year		Traini	ng Nam	е			Trai	ning	Sul	bject	
					Field Visit Country Field					d Visit Place (within India)		
Sponsor	ing Aut	hority	Pei	riod of 1	raining]	Duration			Result		
			Fro	m		Го	(in Weeks				Qualified	
											Not Qualified	
				Awa	rds/Pu	ıblica	ations					
Type of Activity:							Academic			Non Academic		
Activity Area					Activity Subject					Activity Title		
					,							
Day Month Yea			ear	Activity Description/Remarks					Level			
							,	-				

Note: (i) Concerned CSS Officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date: 09.09.2020 Place: PUNE

Information checked and verified - by Signature of Officer

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