

ER Sheet Data Entry Form**Basic Data**

Officer ID No. Details

| | | | | | | | |
|-------------------------------|-----|-------|----------|-----------|----|--------|--|
| Service | CSS | Cadre | Minister | Sub Cadre | NA | Id No. | |
| Select List Year (Allot Year) | | | | | | | |

Name Details

| | | | | | | | |
|---------------------------------|--|------------------------------|----------------|--------------------|------------|--|--|
| Title | First Name | Middle Name | Surname | | | | |
| Ms. | SAINATH | SHRIKRISHNA | TAKAKAR | Initials | ST | | |
| CSL No./ SCSL No: (if known) | | | | | | | |
| Sex | <input checked="" type="checkbox"/> Male | Date Of Birth | 23.01.1990 | Date of Retirement | 31.01.2050 | | |
| Community | general | Religion | HINDU | | | | |
| Father's Name | | SHRIKRISHNA JANARDAN TAKAKAR | | | | | |

Birth Details

| | | | | | | | |
|----------------|----------------------------|----------------|-------------|--------------------------|--------|--|--|
| Birth Place | KALYAN | Birth State/UT | MAHARASHTRA | Nationality | INDIAN | | |
| Birth District | THANE | Mother Tongue | MARATHI | | | | |
| Domicile | Physically Handicap Status | | | | | | |
| Blood Group | Identification Marks | | | MOLE ON RIGHT HAND WRIST | | | |

Marital Details

| | | | | | | | |
|--------------------|-----------|-------------|--|--|--|--|--|
| Marital Status | UNMARRIED | Spouse Name | | | | | |
| Spouse Nationality | | | | | | | |

Joining Details

| | | | | | | | |
|-----------------------|-----|--------------|------------|--------------------|------------|--|--|
| Source of Recruitment | SSC | Joining Date | 06.08.2018 | Retirement Details | 31.01.2050 | | |
|-----------------------|-----|--------------|------------|--------------------|------------|--|--|

Departmental Examination Details

| | Level | Year | Rank |
|---|-------|------|------|
| 1 | NIL | NIL | NIL |
| 2 | NIL | NIL | NIL |
| 3 | NIL | NIL | NIL |

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

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

Transfer/Posting Detail (if applicable)

| Place | Period of posting |
|-------|-------------------|
|-------|-------------------|

| | | | | |
|--|--------------------|-------------------------------|----------------------------------|-----------------------------|
| | | Since | | From |
| | | NIL | | NIL |
| Remarks (if any) | | | | |
| Language known | | | | |
| | | Read | Write | Speak |
| Indian Language Known | 1 | HINDI | YES | YES |
| | 2 | MARATHI | YES | YES |
| | 3 | ENGLISH | YES | YES |
| Foreign Languages | | | | |
| | 1 | NIL | NIL | NIL |
| | 2 | NIL | NIL | NIL |
| | 3 | NIL | NIL | NIL |
| Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details) | | | | |
| Qualification | | Discipline | | Specialization 1 |
| B. Sc. | | COMPUTER SCIENCE | | COMPUTER SCIENCE |
| M. Sc. | | MASTERS IN COMPUTER SCIENCE | | MASTERS IN COMPUTER SCIENCE |
| Year | Division | | CGPA | Specialization 2 |
| 2011 | FIRST DIVISION | | | COMPUTER SCIENCE |
| 2014 | A GRADE | | | COMPUTER SCIENCE |
| Institution | | University | Place | Country |
| BHARAT COLLEGE | | MUMBAI UNIVERSITY | MUMBAI | INDIA |
| UNIVERSITY DEPARTMENT OF COMPUTER SCIENCE | | MUMBAI UNIVERSITY | MUMBAI | INDIA |
| Experience | | | | |
| Type of Posting | | TEMPORARY | | |
| Designation | | LABORATORY ASSISTANT - GR. II | | |
| Ministry | | MOWR RD & GR | | |
| Office | | CWPRS | | |
| 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</i> | | | | |
| Training | | | | |
| Training Year | Training Name | | Training Subject | |
| | | | | |
| | | Field Visit Country | Field Visit Place (within India) | |
| | | | | |
| Sponsoring Authority | Period of Training | | Duration | Result |
| | From | To | (in Weeks) | Qualified |
| | | | | Not 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 CSS Officer is responsible for the correctness of information sent through ER Sheet proforma.
(ii) Subject to verification by the concerned administrative authorities.

Date : 08.08.2018

Place : PUNE

Information checked and verified - by

Signature of Officer

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