

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. :</b>						
<b>Service</b>	CCS	<b>Designation</b>	RESEARCH ASSISTANT (SCI)	<b>Sub Cadre</b>		
<b>Joining Date : 10 JUNE 2019</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>SurName</b>	<b>Initials</b>	<b>DP</b>	
MR.	DHEERENDRA	MANI	TRIPATHI			
<b>Identity Card NO.:</b>						
<b>Sex</b>	MALE	<b>Date Of Birth</b>	02.07.1989	<b>Date of Retirement</b>	31.07.2049	
<b>Community</b>	BRAHMIN	<b>Religion</b>	HINDU			
<b>Father's Name</b>	UMA SHANKAR MANI TRIPATHI					
<b>Birth Details</b>						
<b>Birth Place</b>	MAHARAJGANJ	<b>Birth State/ UT</b>	UTTAR PRADESH	<b>Nationality</b>	Indian	
<b>Birth District</b>	MAHARAJGANJ	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	UTTAR PRADESH	<b>Physically Handicap Status</b>	Nil			
<b>Blood Group</b>	B+VE	<b>Identification Marks</b>	CUT MARK ABOVE THE LEFT EYEBROW			
<b>Marital Details</b>						
<b>Marital Status</b>	Unmarried	<b>Spouse Name</b>	N.A.			
<b>Spouse Nationality</b>	N.A.					
<b>Joining Details</b>						
<b>Source of Recruitment</b>	CWPRS	<b>Joining Date</b>	10.06.2019	<b>Retirement Date</b>	31.07.2049	
<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>		
1	Hindi	Yes	Yes	Yes		
2	English	Yes	Yes	Yes		
<b>Foreign Languages Known</b>	---					
1						
2	---					

3	---			
---	-----	--	--	--

**Address Details**

Permanent Address	c/o SHRI UMA SHANKAR MANI TRIPATHI VILLAGE AND POST SONARA DIST- MAHARAJGANJ STATE-UTTAR PRADESH 273303			
	State/UT	UTTAR PRADESH	Pin code	273303
Present Contact Address	CWPRS GUEST HOUSE KHADAKWASLA PUNE 24			
	State/UT	Maharashtra	Pin Code	411024
	Phone (Off)		Fax	
	Phone (Res)		Mob No	7355718129
	E-Mail (Mandatory)	<b>dheerubhole@gmail.com</b>		

**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	
M.SC. (TECH)	GEO PHYSICS	<b>GEO PHYSICS</b>	
Year	Division	CGPA / % Marks	Specialization 2
2013	I	8.38	-
Institution	University	Place	Country
BANARAS HINDU UNIVERSITY	BANARAS HINDU	VARANASI	

	UNIVERSITY		India
<b>Experience</b>			
Type of Posting		TEMPORARY	
Designation		RESEARCH ASSISTANT (SCI)	
Ministry		MOWR RD & GR	
Office		CWPRS	
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>			
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)
<b>Awards/Publications: nil</b>			
Type of Activity:		Academic	Non Academic
Activity Area		Activity Subject	Activity Title
Day	Month	Year	Level
Activity Description/Remarks			

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

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

Date : 26.12.2018

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.	