ER Sheet Data Entry Form																
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE																
Employ	yee No.	:														
Servic	е -	De	esigna	tion		OWEF LERK		/ISIC	NC	Sub	Cad	dre				
Joining	Date :	10/0	L/201	9	<u> </u>	LLIXIX				1						
Name	Details															
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Identity Card No. :																
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Birth	District	НС	OGHLY	′		- 01	Mot	Mother Tongue HINDI								
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Blood Group Identification Marks CUT ON RIGHT CHICK Marital Details																
Marital Status UNMARRIED						Spouse	Nam	ie								
Spou	se Natio	nality														
	Details															
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	2. ENGLISH				YES	5	Υ	ΈS			ΥE	S				
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Foreign Known	Langua	yes														
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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				
	-	-				
-						
	-	-				
-						

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)								
Qualification		Discipline			Specialization 1			
B.Sc.								
Year		Division		CGPA/ % Mai		ks	Specialization 2	
2013	2013			41.25				
Institution		Unive	ersity		Place		Country	
RISHI BANKIMCHANDR	ST BENGAL STAT		Έ	NAIHETY		INDIA		
EVENING COLLEGE		UNIVERSITY						
Experience								
Type of Post	ing		Level 3					
Designation	LOWER DIVISION CLERK							
_								
Ministry			MOWRRD&GR					

Office					CWPRS							
Place				PUNE								
CWPRS KHADAKWASALA PUNE					1 ONE							
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	fer the A			ove Major	, Minc	r Subje	cts and be	low giv	en tra	ining :	subject	
Training			-									
Trainin	g Year		Train	ing Nam	ie			Tra	ining	ning Subject		
_	-											
Level Institute Name, Place				e Fi	Field Visit Country Field Visit Place (within			e (within India)				
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Sponso	ring Aut	hority	Pe	eriod of T	f Training		Dui	Duration		Result		
			Fr	om		То	(in \	in Weeks) C		Qualified		
						-		-				
Awards	/Public	ations										
Type of Activity:					-		Academic			N	on Academic	
Activity Area				Ac	ctivity S	Subject			Acti	vity Title		
Day Month Year			rear (Activity Level Description/Remarks			Level					
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Note: (i) Concerned CCS Officer is responsible for the correctness of information sent through ER Sheet Performa.

	(ii) Subject to verification by the concerned administra	tive 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.		