

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>	L.D.C	<b>Sub Cadre</b>	---	
<b>Joining Date :01/10/2018</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>			
MR.	SHASHANK		YADAV	Initials		
<b>Identity Card No. :</b>						
<b>Sex</b>	Male	<b>Date Of Birth</b>	25/07/1996	<b>Date of Retirement</b>	31/07/2056	
<b>Community</b>	AHIR	<b>Religion</b>	HINDU			
<b>Father's Name</b>	DINESH YADAV					
<b>Birth Details</b>						
<b>Birth Place</b>	LAKHIMPUR KHERI	<b>Birth State/ UT</b>	UTTAR PRADESH	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	LAKHIMPUR KHERI	<b>Mother Tongue</b>	HINDI			
<b>Domicile</b>	UTTAR PRADESH	<b>Physically Handicap Status</b>	NO			
<b>Blood Group</b>	B+VE	<b>Identification Marks</b>	MOLE MARK ABOVE RIGHT HAND			
<b>Marital Details</b>						
<b>Marital Status</b>	UNMARRIED	<b>Spouse Name</b>				
<b>Spouse Nationality</b>						
<b>Joining Details</b>						
<b>Source of Recruitment</b>	SSC	<b>Joining Date</b>	1/10/2018	<b>Retirement Date</b>	31/07/2056	
<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>		
Indian Languages Known	HINDI	YES	YES	YES		
2	ENGLISH	YES	YES	YES		
Foreign Languages Known						
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
B.a			
Year	Division	CGPA/ % Marks	Specialization 2
2015	2'ND CLASS	57.8	
Institution	University	Place	Country
RAMA DEGREE COLLEGE	LUCKNOW UNIVERSITY	LUCKNOW	INDIA
<b>Experience</b>			
Type of Posting		Level	
TEMPORARY		2	
Designation		L.D.C	
Ministry		Department	

MOWR		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>					
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)	Qualified	
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<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.			