

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :						
Service	-	Designation	L.D.C.	Sub Cadre	---	
Joining Date :01/10/2018						
Name Details						
Title	First Name	Middle Name	Surname			
MR.	SHUBHAM		SHUKLA	Initials		
Identity Card No. :						
Sex	Male	Date Of Birth	17/06/1994	Date of Retirement	17/06/2054	
Community	U.R.	Religion	HINDU			
Father's Name	PRAMOD SHUKLA					
Birth Details						
Birth Place	LUCKNOW	Birth State/ UT	UTTAR PRADESH	Nationality	INDIAN	
Birth District	LUCKNOW	Mother Tongue	HINDI			
Domicile	UTTAR PRADESH	Physically Handicap Status	NO			
Blood Group	A-VE	Identification Marks	MOLE MARK BETWEEN THE JOINT OF RING FINGER AND LADY FINGER OF THE RIGHT HAND			
Marital Details						
Marital Status	UNMARRIED	Spouse Name				
Spouse Nationality						
Joining Details						
Source of Recruitment	SSC	Joining Date	01/10/2018	Retirement Date	17/06/2054	
Departmental Examination Details (If applicable)						
	Level	Year	Rank			
1						
2						
3						
Remarks (if any)						
Languages known						
	Name of Language	Read	Write	Speak		
Indian Languages Known	HINDI	YES	YES	YES		
1.						
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
-	-	-
-	-	-

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)			
Qualification	Discipline		Specialization 1
B.Sc.	MATHEMATICS		COMPUTER SCIENCE
Year	Division	CGPA/ % Marks	Specialization 2
2015	IIIrd CLASS	49.25	
Institution	University	Place	Country
SHIA P.G. COLLEGE	LUCKNOW UNIV.	LUCKNOW	INDIA
Experience			
Type of Posting		Level	
TEMPORARY		2	
Designation		Present Position	
L.D.C.		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 & 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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Awards/Publications					
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.			