ER Sheet Data Entry Form																		
Name of C	Organizat	tion :	CENTR	RAL W	ATER A	ND PO	WER	RESEA	RCH STAT	ΓΙΟΝ, P	UNE							
- 1	N 54																	
Employee	No. : E-1	1637								1								
Service	-		Desi	gnatio	n F	RA (Sci	entifi	c)		Sul	o Cadr	e		SC-				
Joining Da	ite :15/0	7/20	19		L							I						
Name Det	ails																	
Title	F	irst I	Name			Mid	dle Na	ame	Su	ırname	)							
MR	SUNIT								KU	KUMAR				ials				
Identity Ca	ard No. :																	
Sex M	ALE				Date Of	f Birth		21.07	7.1985	Da	te of F	Retirem	ent	31.	07.2045			
Communit	-		GENER					Re	eligion		HIN	DU						
Father's N			KOLA R	AM														
Birth Deta								-						1				
Birth Pla			HANDA		Biı	rth Sta		-	TTAR PRA	DESH			nality INDIAN					
Birth L	District		CHAND	AULI			N	/lother	Tongue			HINDI						
Domicile UTTAR PRADESH			I	Physically Handicap Status NO														
Blood G	roup			B+	VE	Identificatio			fication M	on Marks			MOLE ON THE RIGHT HAND					
Marital De	etails											<u> </u>						
Marital Status UNIV		MARRI	IED	Spouse Name														
Spou	se Natio	nality	v													_		
Joining De			<u>'</u>	I.												_		
Source of Recruitment		nt		SSC	SC Joining			15/07/	15/07/2019 Retire			ment 31.07.2045			_			
						[	Date Date											
Departme	ntal Exan	ninat	tion De	tails (I	f applica	able)												
	Le	vel							Ye	ar				Ran	k			
1																		
2																		
3																		
Remarks	(if any)																	
Languages	s known																	
				Nar	ne of La	anguag	ge		Rea	d	W	rite		Sp	eak			
Indian Lan Known	guages :	1			HINDI				YES	YES YE		YES		YES				
		2.			ENGLI	SH			YES	ES YES		YES		_				
Foreign La Known	Foreign Languages NIL																	
					Deta	ails of	deput	tation	(if applica	ble)						_		

Details of deputation (if applicable)									
Name of the Office	Post held at that time in	Name of post (selected for	Period of deputation						

		pa	rent office	<u> </u>		deputation	n					
			-			-				From		
-								-		-		
										_		
	_		-			-		-		_		
			De	tails of For	eigr	ı Visit						
SI.	Place of Vi	sit	Date o	of visit P	Post held at that		Whether it is		De	Details of visit		
No.	No.			time			a personal or					
	_		_				official visit					
	-			-			-			-		
			Transfer/F	osting Det	:ail (	if applicable)		•				
	Place					Period o	f posting					
				Since	5			Fr	om			
	_		-				-					
	_											
			-									
	-											
						_						
Q	Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)											
	Qualification M.TECH			Discipl	<u> </u>	Specialization 1 Geophysical Technology						
	Year			Geophysics Division CGPA/ % Mar								
	2013		FIRST CLASS 6.00/65				-					
	Institution					UTTARAKH	AND(UK)		Co	ountry		
	IIT ROORKEE		IIT ROC	ORKEE					- 1	NDIA		
	Qualification			Discipl		Specialization 1						
	Ph. D.			Geophy	ysic	S	Effect of River Aquifer Interaction on drying Sot River					
	Start from	1	l Till		Discipline	Specialization 2						
	26.07.2017	Continue		t time from Geophysics			· · · · · · · · · · · · · · · · · · ·					
			14.07.2019							ction		
	Institution		University			Place		Country		ountry		
	IIT ROORKEE		IIT ROORKEE UTTARAK				AND(UK) INDIA			NDIA		
Experi												
	Type of Posting					Level 7						
	Group B  Present Position											
	Research Assistant Scientific											
	Department											
	Ministry MOWR						CWPRS					
	Office					Place						
	CWPRS KHADAKWASALA PUNE					PUNE						
	Experience Subject					Period of Posting						
	Major								То			
	-								-			

Note:-Refe <b>above)</b>	er the Annexure	e to fill	above Majo	r, Mino	r Subjec	ts and be	elow given t	raining	subject (	(minimum 1 week &	
Training											
Trainin	ing Year Training Name				Training Subject						
-			-								
Level	l Ir	nstitute	e Name, Plac	e	Field Visit Country			Field Visit Place (within India)			
-			-	-			-				
Sponsoring Authority			Perio	Period of Training			ining Dura			Result	
			From		То		( in Weeks)			Qualified	
					-		-				
Awards/P	ublications										
Type of Activity:					-	Academic			Non Academic		
Activity Area					Activity Subject			Activity Title			
Day	Day Month		Year		Activ	rity 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.	,