				ER	Sheet	t Data En	try Form										
Name of	Organizatio	n : CENT	RAL WA	TER AND I	POWE	R RESEAI	RCH STAT	ION, P	UNE								
F	- 81																
Employe	e No. :										1						
Service	-	Des	n Asst.	Asst. Accounts Officer			Sub Cadre										
Joining D	ate: DOJ	Govt. Se	rvice – (09-07-2009	•												
	DOJ	in CWPR	S - (01-07-2019													
	Name Details Title First Name				Middle Name				Surname								
MR	Sushant	st ivallie		IVII	iuuie i	varrie	Sourabh					Initials					
Identity Card No. :												IIIICIC	כוג				
.ac.iiiiy																	
Sex M			Date		Of Birth 21-0		-1985	Dat	Date of Retire			t	02-2045				
Commun						Re	ligion										
Father's		Sunil K	umar Si	ngh													
Birth Det													•				
Birth P			Saharsa Birth State/				nar					tionality Indian					
	District						Tongue			Hin							
Dom		hiar	•		nysically I		No				·						
Blood	Group		$A^{^{+}}$				Identification Marks				Cut mark on middle fing of left hand						
Marital [Details																
Mar	ital Status	Ma	Married				Spouse Name					Sakshi Kumari					
Spo	use Nationa	lity			Indian												
Joining D	etails																
Source	e of Recruitr	nent	ent SSC			loining Date	09-07-2	0-07-2009 Retire		tirem Date			4 5				
Departm	ental Exami	nation De	tails (If	applicable)							I					
	Leve	d .					Year					Rank					
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2							2018				N/A						
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Remark	cs (if any)																
Language	es known																
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	2.		Maithili			Y			Yes		S		spe	ak			
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Foreign L	.anguages		,				Yes		Yes			Yes					
Known			English														
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	2.																
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		parent office			<u>- </u>		Sin.			ice From					
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					De	tails of I	Foreign	Visit							
SI.	Pla	ace of Vis	f Visit Da			of visit	Post I	neld at that	Wh	ether i	t is	D	etails of visit		
No.								time		ersona					
									off	icial vi	sit				
				Trans	sfer/I	Posting [Detail (i	f applicable)							
	Plac	e						Period of	f post	ing					
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Delhi					09/11/2012			12			28/06/2019				
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	M.	Α	1		Po										
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Noto		fill abo	vo Maio	Major, Minor Subjects and below given t						training subject (minimum 1 week 2					
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			7	raining	Name	<u> </u>			Training Subject						
Training Year Training Na															
2010				duction 1		_				ce Procedure					
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Level Institute Name					•			it Country	Field V	ield Visit Place (within Indi					
Sponsoring Authority			Peric	Training	То		ration			Result					
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Award	ls/Publication						_			1					
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Activity Area						А	ctivity	Subject			Activity Title				
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Day		lonth		Year				scription/Ren					evel		
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-	ii) Subject to	verificati	on by th	ne conce	rned	adminis	trative								
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