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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 o	Period of posting				
	Since	From				

Qualification (u	Use ex	ktra photo	copy sheet	s for multi	qual	ifications, exp	perience, tra	aining,	awards details)
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Experience									
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Note:-Refer the Annex subject(minimum 1 v				, Minor S	ubje	cts and belo	ow given t	raining	9
Training									
Training Year Training Nam				е			Trainir	ıg Sul	bject
Level Institute Name, Place				Field	Visi	t Country	Field Vi	sit Pla	ace (within India)
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Awards/Publications										
	Type of Activi	ty:		Academic Non			Non Academic			
	Activity Area		Ac	Activity Subject			Activity Title			
Day	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. ${\sf Place} \ :$

Date:

Information checked and verified – by

Signature of Officer

Section Officer		istry/ partment		
E-mail id	Roo	om NO.	Building Name:	
Phone NO.	Wir	ıg No.		