

ER Sheet Data Entry Form						
Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE						
Employee No. :E1696						
Service	-	Designation	MTS	Sub Cadre	---	
Joining Date : 13//09/2021						
Name Details						
Title	First Name	Middle Name	Surname			
MR.	AMIT		KUMAR		Initials	
Identity Card No. :						
Sex	MALE	Date Of Birth (DD-MM-YYYY)	03-12-1989	Date of Retirement	31-12-2049	
Community	OBC	Religion	HINDU			
Father's Name	KAMAL DEO PRASAD					
Birth Details						
Birth Place	PATNA	Birth State/UT	BIHAR	Nationality	INDIAN	
Birth District	PATNA	Mother Tongue	HINDI			
Domicile	BIHAR	Physically Handicap Status	NO			
Blood Group	O +	Identification Marks	CUT MARK AT LEFT KNEE			
Marital Details						
Marital Status	YES	Spouse Name	POOJA KUMARI			
Spouse Nationality	INDIAN					
Joining Details						
Source of Recruitment	SSC	Joining Date	13/09/2021	Retirement Date	31/12/2049	
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		
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 TECH	EEE			
Year	Division	CGPA/ % Marks	Specialization 2	
2011	1ST	79		
Institution	University	Place	Country	
DR MGR UNIVERSITY	DR. MGR UNIVERSITY	CHENNAI	INDIA	
Experience				
Type of Posting		Level		
Designation		Present Position		
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)		
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.			