

ER Sheet Data Entry Form						
<b>Name of Organization : CENTRAL WATER AND POWER RESEARCH STATION, PUNE</b>						
<b>Employee No. : E1735</b>						
<b>Service</b>	-	<b>Designation</b>	MTS	<b>Sub Cadre</b>	---	
<b>Joining Date :22/09/2021</b>						
<b>Name Details</b>						
<b>Title</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>			
MR.	CHANDAN		KUMAR	INITA	LS	
<b>Identity Card No. :</b>						
<b>Sex</b>	MALE	<b>Date Of Birth (DD-MM-YYYY)</b>	08/12/1994	<b>Date of Retirement</b>	31/12/2054	
<b>Community</b>	HINDU	<b>Religion</b>	HINDU			
<b>Father's Name</b>	SAGAR MAHTO					
<b>Birth Details</b>						
<b>Birth Place</b>	HETAMPUR MIRZAPUR	<b>Birth State/UT</b>	BIHAR	<b>Nationality</b>	INDIAN	
<b>Birth District</b>	BEGUSARAI			<b>HINDI</b>		
<b>Domicile</b>	HETAMPUR MIRZAPUR		<b>Physically Handicap status:-NO</b>			
<b>Blood Group</b>	B+		<b>Identification Marks</b>	A CUT MARK ON RIGHT HAND LITTAL FINGER		
<b>Marital Details</b>						
<b>Marital Status</b>	SINGLE		<b>Spouse Name</b>			
<b>Spouse Nationality</b>						
<b>Joining Details</b>						
<b>Source of Recruitment</b>	SSC	<b>Joining Date</b>	22/09/2021	<b>Retirement Date</b>	31/12/2054	
<b>Departmental Examination Details (If applicable)</b>						
	<b>Level</b>	<b>Year</b>	<b>Rank</b>			
1						
2						
3						
<b>Remarks (if any)</b>						
<b>Languages known</b>						
	<b>Name of Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>		
<b>Indian Languages Known</b>	HINDI	YES	YES	YES		
2	ENGLISH	YES	YES	YES		
<b>Foreign Languages Known</b>						
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

<b>Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)</b>			
Qualification	Discipline		Specialization 1
B.A	A.I.H(ARTS)		
Year	Division	CGPA/ % Marks	Specialization 2
2015	1 ST	60.1	
Institution	University	Place	Country
S.B.S.S COLLEGE ,BEGUSARAI	L .N . M .U DARBHANGA,BIHAR	BEGUSARAI	INDIA
<b>Experience</b>			
Type of Posting		Level	
MTS		L-1	
Designation		Present Position	
MTS		MTS	
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 &amp; 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
<b>Awards/Publications</b>					
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.			